

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000320196

**Entity Name:** ENTRUST CLINICAL RESEARCH LLC

**Current Principal Place of Business:**

10621 N. KENDALL DR., STE. 218  
MIAMI, FL 33176

**Current Mailing Address:**

10621 N. KENDALL DR., STE. 218  
MIAMI, FL 33176

**FEI Number: 85-3523795**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

RAURELL, RAFAEL  
10621 N. KENDALL DR., STE. 218  
MIAMI, FL 33176 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MGR
Name	RAURELL, RAFAEL	Name	VINAS, YALENNIE
Address	10621 N. KENDALL DR., STE. 218	Address	10621 N. KENDALL DR., STE. 218
City-State-Zip:	MIAMI FL 33176	City-State-Zip:	MIAMI FL 33176

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: RAFAEL RAURELL**

**PRESIDENT**

**02/08/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date