

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000148453

**Entity Name:** LOS AUCES LLC

**Current Principal Place of Business:**

2950 GLADES CIRCLE  
SUITE 10-B  
WESTON, FL 33327

**Current Mailing Address:**

2950 GLADES CIRCLE  
SUITE 10-B  
WESTON, FL 33327 US

**FEI Number:** 86-3179043

**Certificate of Status Desired:** No

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

SOCORRO HERERA, RAUL I  
2950 GLADES CIRCLE  
SUITE 10-B  
WESTON, FL 33327 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	AR	Title	AMBR
Name	SOCORRO HERRERA, RAUL I	Name	FITO MEDICS USA CORP
Address	2950 GLADES CIRCLE SUITE 10-B	Address	2950 GLADES CIRCLE SUITE 10-B
City-State-Zip:	WESTON FL 33327	City-State-Zip:	WESTON FL 33327

*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:** RAUL SOCORRO

AR

03/02/2022

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date