

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000356323

**Entity Name:** BISCAYNE RESEARCH INSTITUTE, LLC**Current Principal Place of Business:**12550 BISCAYNE BLVD PH 906  
NORTH MIAMI, FL 33181**Current Mailing Address:**6463 SW 158TH AVE  
MIAMI, FL 33193 UN**FEI Number:** 87-2166772**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NOGUER, MERCEDES  
6463 SW 158TH AVE  
MIAMI, FL 33193 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	AMBR
Name	NOGUER, MERCEDES
Address	6463 SW 158TH AVE
City-State-Zip:	MIAMI FL 33193

Title	AMBR
Name	NOGUER, JESUS G MD
Address	6463 SW 158TH AVE
City-State-Zip:	MIAMI FL 33193

Title	AMBR
Name	SANTOS, REMBERTO MD
Address	12550 BISCAYNE BLVD PH 906
City-State-Zip:	NORTH MIAMI FL 33181

Title	AMBR
Name	RUIZ-SANTOS, BEATRIZ
Address	12550 BISCAYNE BLVD PH 906
City-State-Zip:	NORTH MIAMI FL 33181

*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:** MERCEDES NOGUER**02/20/2022**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date