

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000427792

**Entity Name:** MERIC OF FLORIDA, LLC

**Current Principal Place of Business:**

CAUPOLICAN 9410, COMUNA DE QUILICURA  
REGION METROPOLITANA,

**Current Mailing Address:**

CAUPOLICAN 9410, COMUNA DE QUILICURA  
REGION METROPOLITANA, CL

**FEI Number:** 32-0669207

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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           MANAGER, MEMBER  
Name           PIMSTEIN GUESALAGA, CARMEN  
                  MARIANA  
Address        CAUPOLICAN 9410, COMUNA DE  
                  QUILICURA  
City-State-Zip: REGION METROPOLITANA

Title           MANAGER, MEMBER  
Name           CAPDEVILLE MOLINA, EDUARDO  
                  AUGUSTO  
Address        CAUPOLICAN 9410, COMUNA DE  
                  QUILICURA  
City-State-Zip: REGION METROPOLITANA

Title           MEMBER  
Name           CAPDEVILLE PIMSTEIN, MATIAS  
                  EDUARDO  
Address        CAUPOLICAN 9410, COMUNA DE  
                  QUILICURA  
City-State-Zip: REGION METROPOLITANA

Title           MEMBER  
Name           CAPDEVILLE PIMSTEIN, SEBASTIAN  
                  ANDRES  
Address        CAUPOLICAN 9410, COMUNA DE  
                  QUILICURA  
City-State-Zip: REGION METROPOLITANA

Title           MEMBER  
Name           CAPDEVILLE PIMSTEIN, TOMAS  
                  IGNACIO  
Address        CAUPOLICAN 9410, COMUNA DE  
                  QUILICURA  
City-State-Zip: REGION METROPOLITANA

*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:** CARMEN MARIANA PIMSTEIN GUESALAGA

**MEMBER AND MANAGER   05/06/2022**

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

\_\_\_\_\_  
Date