

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000533472

Entity Name: CARDIOPRAXIS CA LLC**Current Principal Place of Business:**7205 NW 19TH ST
SUITW 401
MIAMI, FL 33126**Current Mailing Address:**7205 NW 19TH ST
SUITW 401
MIAMI, FL 33126**FEI Number:** 87-4433016**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GLOBALLY AGENT CORP
7205 NW 19TH ST
SUITE 401
MIAMI, FL 33126 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
Name ARCAY BAQUERO, MIGUEL
EDUARDO
Address 7205 NW 19TH ST SUITE 401
City-State-Zip: MIAMI FL 33126

Title MGR
Name ARCAY DAUTANT, ANA TERESA
Address 7205 NW 19TH ST SUITE 401
City-State-Zip: MIAMI FL 33126

Title MANAGER
Name DIAZ, MONICA
Address 851 NW 104 TH AV
City-State-Zip: MIAMI FL 33172

Title MRG
Name ARCAY MONTAGNE, LUIS
Address 7205 NW19TH ST SUITE 401
City-State-Zip: MIAMI FL 33126

Title AMBR
Name ARCAY DAUTANT, ANA GABRIELA
Address 7205 NW 19TH ST SUITE 401
City-State-Zip: MIAMI FL 33126

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: MONICA DIAZ

MGR

01/14/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date