

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000245561

**Entity Name:** WEREGEN LLC

**Current Principal Place of Business:**

8950 SW 74 COURT  
SUITE 2201  
MIAMI, FL 33156

**Current Mailing Address:**

8950 SW 74 COURT  
SUITE 2201  
MIAMI, FL 33156

**FEI Number:** 88-2512578

**Certificate of Status Desired:** No

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

HAVRE, BILL  
7901 4TH ST N STE 300  
ST. PETERSBURG, FL 33702 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	Title	AMBR
Name	NARCISO, LUIS SR	Name	ANTALGIC MEDICAL RESEARCH INC
Address	8950 SW 74 CT SUITE 2201	Address	8950 SW 74 COURT SUITE 2201
City-State-Zip:	MIAMI FL 33156	City-State-Zip:	MIAMI FL 33156

*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:** LUIS NARCISO SR

**PRESIDENT**

**03/30/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date