

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000332200

**Entity Name:** ARTE MEDICO LLC

**Current Principal Place of Business:**

2520 NW 84TH AVE #307  
DORAL, FL 33122

**Current Mailing Address:**

2520 NW 84TH AVE #307  
DORAL, FL 33122 US

**FEI Number:** 32-0697807

**Certificate of Status Desired:** No

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

KASSAR KASRIN, JESUS A  
62 SW 31 RD  
MIAMI, FL 33129 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 KASSAR KASRIN, JESUS A  
Address 62 SW 31RD  
City-State-Zip: MIAMI FL 33129

*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:** KASSAR KASRIN , JESUS A

MRS

04/17/2023

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

\_\_\_\_\_ Date