

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000507500

**Entity Name:** SERAFINA MED LLC

**Current Principal Place of Business:**

465 NE 30 TERRACE  
UNIT 8  
MIAMI, FL 33137

**FILED**  
**May 08, 2024**  
**Secretary of State**  
**0174162171CC**

**Current Mailing Address:**

480 NE 31ST STREET  
#COM-8  
MIAMI, FL 33137 US

**FEI Number:** 92-1298488

**Certificate of Status Desired:** Yes

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

JUN AVILA PLLC  
9100 S. DADELAND BLVD  
SUITE 1500  
MIAMI, FL 33156 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            MELCHIOR, MARIA  
Address        480 NE 31ST STREET  
                  #COM-8  
City-State-Zip: MIAMI FL 33137

*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:** MARIA MELCHIOR

**OWNER**

**05/08/2024**

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

\_\_\_\_\_  
Date