

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000013875

**Entity Name:** CORPSALUD LLC

**Current Principal Place of Business:**

6900 SW 39TH STREET  
APT 106  
DAVIE, FL 33314

**Current Mailing Address:**

6900 SW 39TH STREET  
APT 106  
DAVIE, FL 33314

**FEI Number:** 38-4252043

**Certificate of Status Desired:** No

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

TAXES USA LLC  
5892 STIRLING RD  
# 4  
HOLLYWOOD, FL 33021 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            HOSPEDALES, MARIANGEL  
Address        6900 SW 39TH STREET APT 106  
City-State-Zip: DAVIE FL 33314

*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:** MARIANGEL HOSPEDALES

**MGR**

**03/08/2024**

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

\_\_\_\_\_  
Date