

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000242355

**Entity Name:** COMPRASFARMACIA LLC

**Current Principal Place of Business:**

1558 NW 1ST AVE  
9  
MIAMI, FL 33136

**Current Mailing Address:**

1558 NW 1ST AVE  
9  
MIAMI, FL 33136 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

OBANDO, WILLMAY  
1558 NW 1ST AVE  
9  
MIAMI, FL 33136 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            PRESIDENT  
Name            FERNANDEZ, IGNACIO  
Address        1558 NW 1ST AVE #9  
City-State-Zip: MIAMI FL 33136

Title            AUTHORIZED MEMBER  
Name            FIGUEROA, ANA M  
Address        1558 NW 1ST AVE #9  
City-State-Zip: MIAMI FL 33136

*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:** IGNACIO FERNANDEZ

**PRESIDENT**

**04/26/2024**

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

\_\_\_\_\_  
Date