

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000406687

Entity Name: VF COALITION, LLC

Current Principal Place of Business:

2 S. BISCAYNE BOULEVARD, 21ST FLOOR
MIAMI, FL 33131

Current Mailing Address:

2 S. BISCAYNE BOULEVARD, 21ST FLOOR
MIAMI, FL 33131 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SEGAL, MIKE
2 S. BISCAYNE BOULEVARD, 21ST FLOOR
MIAMI, FL 33131 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 MANAGER
Name TRIANA, ALBERT M.D.
Address 845 SOUTH ALHAMBRA CIRCLE
City-State-Zip: CORAL GABLES FL 33146

Title MANAGER
Name MARTINEZ, DANIEL M.D.
Address 7600 SW 87TH AVE., SUITE 206
City-State-Zip: MIAMI FL 33173

Title MANAGER
Name SALOM, EMERY M.D.
Address 851 HUNTING LODGE DRIVE
City-State-Zip: MIAMI SPRINGS FL 33166

Title MANAGER
Name HERNANDEZ-REY, ARMANDO M.D.
Address 6221 RIVIERA DRIVE
City-State-Zip: CORAL GABLES FL 33146

Title MANAGER
Name CUBAS, IVETTE M.D.
Address 3195 NW 84TH TERRACE
City-State-Zip: COOPER CITY FL 33024

Title MANAGER
Name BLATTER, JONATHAN M.D.
Address 3489 NW 82ND TERRACE
City-State-Zip: COOPER CITY FL 33024

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: IVETTE CUBAS, M.D.

MANAGER

05/01/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date