## 2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000080713

Entity Name: MIAMI HEALTH DISTRICT RI, LLC

**Current Principal Place of Business:** 

20807 BISCAYNE BLVD., SUITE 200 AVENTURA, FL 33180

**Current Mailing Address:** 

20807 BISCAYNE BLVD., SUITE 200 AVENTURA, FL 33180 US

FEI Number: 26-0829840 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RECONDO, VICTOR 20807 BISCAYNE BLVD., SUITE 200 AVENTURA, FL 33180 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: VICTOR RECONDO 04/17/2025

Electronic Signature of Registered Agent

Authorized Person(s) Detail:

Title MANAGER

Name FINVARB, ROBERT

Address 20807 BISCAYNE BLVD., SUITE 200

City-State-Zip: AVENTURA FL 33180

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.

**MGR** 

Electronic Signature of Signing Authorized Person(s) Detail

SIGNATURE: ROBERT FINVARB

04/17/2025

FILED Apr 17, 2025

**Secretary of State** 

2826083511CC

Date

Date