

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000081819

**Entity Name:** ENDOMEDI INTERNATIONAL, LLC

**Current Principal Place of Business:**

15751 SHERIDAN ST  
PMB 459  
SOUTHWEST RANCHES, FL 33331

**Current Mailing Address:**

15751 SHERIDAN ST  
PMB 459  
SOUTHWEST RANCHES, FL 33331 US

**FEI Number:** 27-3224322

**Certificate of Status Desired:** No

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

GONZALEZ, ALEJANDRA M  
15751 SHERIDAN ST  
PMB 459  
SOUTHWEST RANCHES, FL 33331 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:** ALEJANDRA GONZALEZ

04/09/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM, AUTHORIZED MEMBER

Name GONZALEZ, ALEJANDRA M.

Address 15751 SHERIDAN ST # 460

City-State-Zip: SOUTHWEST RANCHES FL 33331

Title MGRM, AUTHORIZED MEMBER

Name GONZALEZ-CARRILLO, MIGUEL E.

Address 15751 SHERIDAN ST # 460

City-State-Zip: SOUTHWEST RANCHES FL 33331

Title MANAGER

Name LUGO BATS, SANDRA B.

Address 15751 SHERIDAN ST # 460

City-State-Zip: SOUTHWEST RANCHES FL 33331

*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:** ALEJANDRA MARIA GONZALEZ

MGRM

04/09/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date