**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Feb 03, 2025**
**Secretary of State**
**4649979469CC**

DOCUMENT# L11000000180

**Entity Name:** BRICKMED, LLC

**Current Principal Place of Business:**

2655 SOUTH LEJEUNE ROAD, SUITE #558
CORAL GABLES, FL 33134

**Current Mailing Address:**

2655 SOUTH LEJEUNE ROAD, SUITE #558
CORAL GABLES, FL 33134 US

**FEI Number: 65-0280009**

**Certificate of Status Desired:** No

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

LEGORBURU, PETER P
2476 SW 19TH TERRACE
MIAMI, FL 33145 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 | Title | MGR |
| Name | LEGORBURU, PETER P | Name | MILLAS, ROLAND J |
| Address | 2476 SW 19TH TERR | Address | 11010 SW 163RD STREET |
| City-State-Zip: | MIAMI FL 33145 | City-State-Zip: | MIAMI FL 33157 |

*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: PETER P. LEGORBURU MEMBER MANAGER 02/03/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date