

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000108395

**Entity Name:** FARAH MEDICAL, LLC

**Current Principal Place of Business:**

17395 N BAY ROAD  
108  
SUNNY ISLES BEACH, FL 33160

**Current Mailing Address:**

17395 N BAY ROAD  
108  
SUNNY ISLES BEACH, FL 33160 US

**FEI Number:** 45-3359857

**Certificate of Status Desired:** No

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

NANA, MAHER DR  
17395 N BAY ROAD  
108  
SUNNY ISLES BEACH, FL 33160 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 MGRM  
Name NANA, MAHER DR  
Address 17395 N BAY ROAD  
108  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title MGRM  
Name ARANSAENZ, NATALIE J  
Address 17395 N BAY ROAD  
108  
City-State-Zip: SUNNY ISLES BEACH FL 33160

*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:** DR MAHER NANA

MGRM

05/01/2024

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

\_\_\_\_\_  
Date