

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000130380

**Entity Name:** SONIA TALARICO, D.O.M.P.H., LLC

**Current Principal Place of Business:**

909 N. KROME AVENUE  
HOMESTEAD, FL 33030

**Current Mailing Address:**

909 N. KROME AVENUE  
HOMESTEAD, FL 33030

**FEI Number:** 20-4283489

**Certificate of Status Desired:** No

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

PASTRAN, RAUL E  
333 NE CAMPBELL DRIVE  
HOMESTEAD, FL 33030 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 TALARICO, SONIA  
Address 909 N. KROME AVENUE  
City-State-Zip: HOMESTEAD FL 33030

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SONIA TALARICO

**PRESIDENTE**

**04/30/2013**

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

\_\_\_\_\_  
Date