

**2021 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L13000080333

**Entity Name:** EMPIRE CLINICAL RESEARCH LLC

**Current Principal Place of Business:**

8004 NW 154TH ST  
#555  
MIAMI, FL 33126

**Current Mailing Address:**

8004 NW 154TH ST  
#555  
MIAMI, FL 33016 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

LAO, RAUDEL  
8004 NW 154TH ST  
#555  
MIAMI, FL 33016 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:** RAUDEL LAO

01/08/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name LA O, RAUDEL  
Address 8004 NW 154TH ST  
#555  
City-State-Zip: MIAMI FL 33126

*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:** RAUDEL LA O

MGR

01/08/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date