## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000132644

Entity Name: GUIDEWELL-SANITAS I, LLC

## **Current Principal Place of Business:**

8400 N.W. 33RD STREET, SUITE 201 DORAL, FL 33122

## **Current Mailing Address:**

8400 N.W. 33RD STREET, SUITE 201 DORAL, FL 33122 US

## FEI Number: 47-1782812

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

**RIVERA-MONTOYA**, ADRIANA 8400 N.W. 33RD STREET, SUITE 201 DORAL, FL 33122 US

SIGNATURE	: ADRIANA RIVERA-MONTOYA			02/01/2024		
	Electronic Signature of Registered Agent			Date		
Authorized	Person(s) Detail :					
Title	CEO	Title	DIRECTOR			
Name	ESTRADA, JUAN	Name	JOLLY, AREZOU			
Address	8400 NW 33RD STREET # 201	Address	8400 NW 33RD STREET # 201			
City-State-Zip:	DORAL FL 33122	City-State-Zip:	DORAL FL 33122			
Title	AUTHORIZED MEMBER	Title	AUTHORIZED MEMBER			
Name	DIVITA, CHARLES III	Name	CHALUJA, JUAN			
Address	8400 NW 33RD STREET # 201	Address	8400 NW 33RD STREET # 201			
City-State-Zip:	DORAL FL 33122	City-State-Zip:	DORAL FL 33122			
Title	AUTHORIZED MEMBER	Title	AUTHORIZED MEMBER			
Name	SCHRADER, ELANA DR.	Name	MARTINES MARTIN, SERGIO			
Address	8400 N.W. 33RD STREET, SUITE 201	Address	8400 NW 33RD STREET #201			
City-State-Zip:	DORAL FL 33122	City-State-Zip:	DORAL FL 33122			
Title	AUTHORIZED MEMBER	Title	AUTHORIZED MEMBER			
Name	HERRERA MOLINA, EMILIO	Name	MACIAS-VARGAS, FABIO			
Address	8400 NW 33RD STREET	Address 84	3400 NW 33RD ST			
City-State-Zip:	DORAL FL 33122		#201			
		City-State-Zip:	DORAL FL 33122			

#### Continues on page 2

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.

02/01/2024 SIGNATURE: JUAN ESTRADA CEO Electronic Signature of Signing Authorized Person(s) Detail Date

FILED Feb 01, 2024 Secretary of State 1669590155CC

Certificate of Status Desired: Yes

# Authorized Person(s) Detail Continued :

Title	CFO		
Name	TORRESS , MAYRA		
Address	8400 NW 33RD ST #201		
City-State-Zip:	DORAL FL 33122		