

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000152749

**Entity Name:** ADVANCED MEDICAL RESEARCH INSTITUTE, LLC

**Current Principal Place of Business:**

8780 SW 8 STREET  
MIAMI, FL 33174

**Current Mailing Address:**

8780 SW 8 STREET  
MIAMI, FL 33174

**FEI Number:** 47-1963957

**Certificate of Status Desired:** No

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

PELAYO, ENRIQUE  
8780 SW 8TH STREET  
MIAMI, FL 33174 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            | PELAYO, ENRIQUE  | Name            | MARTINEZ, NIURYS M |
| Address         | 8780 SW 8 STREET | Address         | 8790 SW 8 STREET   |
| City-State-Zip: | MIAMI FL 33174   | City-State-Zip: | MIAMI FL 33174     |

*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:** ENRIQUE PELAYO

**MEMBER**

**04/27/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date