

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000080191

**Entity Name:** HOOP PHARMA LLC

**Current Principal Place of Business:**

8400 NW 36TH STREET  
STE 450  
DORAL, FL 33166

**Current Mailing Address:**

8400 NW 36TH ST  
SUITE 450  
DORAL, FL 33166 US

**FEI Number:** 81-2393950

**Certificate of Status Desired:** No

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

CLFC AND ASSOCIATES LLC  
8200 NW 41 STREET  
SUITE 200  
DORAL, FL 33166 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:** CARLOS FIGUEIRA

03/25/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name SIERRAALTA, LUIS A  
Address 8400 NW 36TH ST  
SUITE 450  
City-State-Zip: DORAL FL 33166

*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:** LUIS SIERRAALTA

MGR

03/25/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date