# 2023 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

## 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

Electronic Signature of Registered Agent

## 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

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No

04/28/2023 Date

04/28/2023 Date

MGR