

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000159333

**Entity Name:** FABRICA TU MEDICAMENTO LLC

**Current Principal Place of Business:**

8400 NW 36TH ST  
SUITE 450  
DORAL, FL 33166

**Current Mailing Address:**

8400 NW 36TH ST  
SUITE 450  
DORAL, FL 33166

**FEI Number:** 82-0896251

**Certificate of Status Desired:** No

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

SARDINAS & ASSOCIATES ACCOUNTANTS, P.A.  
13002 SW 120TH ST  
MIAMI, FL 33186 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	SIERRAALTA, LUIS A	Name	SIERRALTA, LUIS A
Address	8400 SW 36TH ST	Address	8400 NW 36TH ST SUITE 450
City-State-Zip:	MIAMI FL 33166	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

04/28/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date