

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000159333

Entity Name: TU MEDICINA LLC

Current Principal Place of Business:

6989 NW 82 AVE
MIAMI, FL 33166

Current Mailing Address:

6989 NW 82 AVE
MIAMI, FL 33166 US

FEI Number: 82-0896251

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SIERRAALTA, LUIS A
6989 NW 82 AVE
MIAMI, 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: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title MGR
Name SIERRALTA, LUIS A
Address 8390 SW 72 AVE UNIT 104
City-State-Zip: MIAMI FL 33143

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

04/10/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date