

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000159333

**Entity Name:** TU FARMACIA 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:**

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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MGR  
Name SIERRAALTA, LUIS A  
Address 7825 NW 29ST STREET  
SUITE 113  
City-State-Zip: MIAMI FL 33122

*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 A SIERRAALTA

**MANAGER**

**05/01/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date