

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000127172

**Entity Name:** MIAMI GERIATRICS CARE LLC

**Current Principal Place of Business:**

15222 SW 46 LN  
APT G  
MIAMI, FL 33185

**Current Mailing Address:**

15222 SW 46 LN  
APT G  
MIAMI, FL 33185 US

**FEI Number:** 82-1832881

**Certificate of Status Desired:** No

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

PIMENTEL GUERRERO, LEONID  
15222 SW 46 LN  
APT G  
MIAMI, FL 33185 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 AUTHORIZED MEMBER  
Name PIMENTEL-GUERRERO, LEONID  
Address 15222 SW 46 LN  
APT G  
City-State-Zip: MIAMI FL 33185

Title AMBR  
Name PIMENTEL-GUERRERO, LEONID  
Address 15222 SW 46 LN  
APT G  
City-State-Zip: MIAMI FL 33185

*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:** PIMENTEL-GUERRERO , LEONID

AMBR

04/08/2022

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

\_\_\_\_\_  
Date