

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000038400

**Entity Name:** BENESSERE RX LLC

**Current Principal Place of Business:**

7640 NW 25 ST  
STE 105  
MIAMI, FL 33122

**Current Mailing Address:**

7640 NW 25 ST  
STE 105  
MIAMI, FL 33122 UN

**FEI Number:** 83-2395933

**Certificate of Status Desired:** No

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

DONADI, ANTONIO  
7640 NW 25 ST STE 105  
STE 105  
MIAMI, FL 33122 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            AMBR  
Name            DONADI, ANTONIO  
Address        7640 NW 25 ST STE 105  
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:** ANTONIO DONADI

AMBR

01/23/2023

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

\_\_\_\_\_  
Date