#### 2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000050004

Entity Name: PRUFEN CLINICAL RESEARCH LLC

# **Current Principal Place of Business:**

175 SW 7 STREET SUITE 1603 MIAMI, FL 33130

# **Current Mailing Address:**

175 SW 7 STREET SUITE 1603 MIAMI, FL 33130 US

# FEI Number: 83-3638242

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

HERNANDEZ, GUILLERMO 1825 PONCE DE LEON BOULEVARD SUITE 101 MIAMI, FL 33134 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

#### Authorized Person(s) Detail :

MGR	Title	MGR
HERNANDEZ, GUILLERMO	Name	FIGUEROA, CARLOS
1825 PONCE DE LEON BOULEVARD	Address	1331 BRICKELL BAY DR APT 508
City-State-Zip: CORAL GABLES FL 33134	City-State-Zip:	MIAMI FL 33131
	MGR HERNANDEZ, GUILLERMO 1825 PONCE DE LEON BOULEVARD SUITE 101	MGR Title HERNANDEZ, GUILLERMO Name 1825 PONCE DE LEON BOULEVARD Address SUITE 101 City-State-Zip:

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: GUILLERMO A HERNANDEZ

MGR

06/07/2020 Date

Date

Electronic Signature of Signing Authorized Person(s) Detail

FILED Jun 07, 2020 Secretary of State 6814585410CC

Certificate of Status Desired: No