

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000144347

**Entity Name:** SOMI MED RE LLC

**Current Principal Place of Business:**

7540 SW 61 AVE  
MIAMI, FL 33143

**Current Mailing Address:**

1201 SW 27TH AVE  
UNIT 101  
MIAMI, FL 33135 US

**FEI Number:** 84-2065190

**Certificate of Status Desired:** No

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

VADILLO, MANUEL J ESQ.  
1200 BRICKELL AVENUE  
SUITE 1480  
MIAMI, FL 33131 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 POZO, WILLIAM B  
Address 1201 SW 27TH AVE  
UNIT 101  
City-State-Zip: MIAMI FL 33135

*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:** WILLIAM POZO

**MANAGER**

**04/16/2024**

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

\_\_\_\_\_  
Date