

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000028970

**Entity Name:** ME & U FAMILY PARTNERS, LLC

**Current Principal Place of Business:**

2645 SW 37TH AVENUE  
SUITE 601  
MIAMI, FL 33133

**Current Mailing Address:**

2645 SW 37TH AVENUE  
SUITE 601  
MIAMI, FL 33133

**FEI Number:** 85-4133894

**Certificate of Status Desired:** No

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

ALARCON, VICTOR  
2645 SW 37TH AVE  
SUITE 601  
MIAMI, FL 33133 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	ALARCON, VICTOR E
Address	2645 SW 37TH AVENUE SUITE 601
City-State-Zip:	MIAMI FL 33133
Title	MGR
Name	ALARCON, EDUARDO J MD
Address	2645 SW 37TH AVENUE SUITE 601
City-State-Zip:	MIAMI FL 33133

Title	MGR
Name	ALARCON, MONICA M
Address	2645 SW 37TH AVE, SUITE 601
City-State-Zip:	MIAMI FL 33133
Title	MGR
Name	ME & U HOLDINGS, LLC
Address	2645 SW 37TH AVENUE SUITE 601
City-State-Zip:	MIAMI FL 33133

*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:** VICTOR E. ALARCON

**MGR**

**01/18/2023**

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

\_\_\_\_\_  
Date