

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000045286

**Entity Name:** SOFIMEDICAL LLC

**Current Principal Place of Business:**

671 W 18 ST  
HIALEAH, FL 33010

**Current Mailing Address:**

671 W 18 ST  
HIALEAH, FL 33010 US

**FEI Number:** 37-1965526

**Certificate of Status Desired:** No

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

MI TAX TEAM LLC  
7950 NW 53RD STREET  
SUITE 337  
MIAMI, FL 33166 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:** JESUS LEON

04/28/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGRM	Title	MGRM
Name	RODRIGUEZ, ARGENIS	Name	DARTHENAY, HECGLE A
Address	671 W 18 ST	Address	671 W 18 ST
City-State-Zip:	HIALEAH FL 33010	City-State-Zip:	HIALEAH FL 33010

*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:** RODRIGUEZ , ARGENIS

MGRM

04/28/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date