

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000074134

**Entity Name:** HEPACAL LLC

**Current Principal Place of Business:**

14401 JOCKEY CIRCLE N  
DAVIE, FL 33330

**Current Mailing Address:**

14401 JOCKEY CIRCLE N  
DAVIE, FL 33330 US

**FEI Number: 84-5007385**

**Certificate of Status Desired: Yes**

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

CALVO, MARIA C  
14401 JOCKEY CIRCLE N  
DAVIE, FL 33330 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	Title	AMBR
Name	CALVO, MARIA C	Name	CALVO, FRANCISCO
Address	14401 JOCKEY CIRCLE N	Address	14401 JOCKEY CIRCLE N
City-State-Zip:	DAVIE FL 33330	City-State-Zip:	DAVIE FL 33330

*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: MARIA C CALVO**

**MANAGER**

**01/18/2023**

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

\_\_\_\_\_  
Date