

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000168918

**Entity Name:** LEJEUNE RENAL CENTER LLC

**Current Principal Place of Business:**

7900 NW 27TH AVE  
STE F10-11  
MIAMI, FL 33147

**Current Mailing Address:**

7900 NW 27TH AVE  
STE F10-11  
MIAMI, FL 33147 US

**FEI Number:** 85-1593095

**Certificate of Status Desired:** No

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

HERNANDEZ, DAIRY CAMEJO  
7900 NW 27TH AVE  
STE F10-11  
MIAMI, FL 33147 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 HERNANDEZ, DAIRY CAMEJO  
Address 281 W 17TH ST  
City-State-Zip: HIALEAH FL 33010  
  
Title AMBR  
Name CESAR EDMUNDO BOTTO DENEGRÍ  
Address CALLE LAS TIPAS 113  
City-State-Zip: CASUARINAS, SURCO, PERU AL

Title AMBR  
Name JESSICA LETTY ANDRADE MUSIRIS  
Address CALLE LAS TIPAS 113  
City-State-Zip: CASUARINAS, SURCO, PERU AL

*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:** JESSICA LETTY ANDRADE MUSIRIS

AMBR

05/01/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date