

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000288432

**Entity Name:** NATALIA ECHEVERRI MD LLC

**Current Principal Place of Business:**

6501 MAYNADA ST  
CORAL GABLES, FL 33146

**Current Mailing Address:**

6501 MAYNADA ST  
CORAL GABLES, FL 33146 US

**FEI Number:** 85-3176265

**Certificate of Status Desired:** No

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

NATALIA, ECHEVERRI  
6501 MAYNADA ST  
CORAL GABLES, FL 33146 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 ECHEVERRI, NATALIA  
Address 6501 MAYNADA ST  
City-State-Zip: CORAL GABLES FL 33146

*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:** NATALIA ECHEVERRI

MANAGER

03/08/2021

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

\_\_\_\_\_ Date