

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000343234

**Entity Name:** NEGRIN COMMUNITY WELLNESS CENTER LLC

**Current Principal Place of Business:**

8410 WEST FLAGLER ST  
UNIT 215B  
MIAMI, FL 33144

**Current Mailing Address:**

8410 W FLAGLER ST, UNIT 215B  
MIAMI, FL 33144 US

**FEI Number:** 85-3826982

**Certificate of Status Desired:** No

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

RICARDO MIGUEL NEGRIN MARRERO  
8410 WEST FLAGLER ST  
UNIT 215B  
MIAMI, FL 33144 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            PRESIDENT  
Name            NEGRIN MARRERO , RICARDO  
                    MIGUEL  
Address         8410 WEST FLAGLER ST  
                    UNIT 215 B  
City-State-Zip: MIAMI FL 33144

*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:** RICARDO NEGRIN MARRERO

**PRESIDENT**

**03/22/2023**

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

\_\_\_\_\_  
Date