## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000048561

**Entity Name: PARPIMED LLC** 

6510 NW 84TH AVENUE

**Current Principal Place of Business:** 

MIAMI, FL 33166

**Current Mailing Address:** 

6510 NW 84TH AVENUE MIAMI. FL 33166

FEI Number: 86-1966594 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TAX CARE MIRAMAR 15800 PINES BLVD **SUITE 331** PEMBROKE PINES, FL 33027 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: OSCAR J CASTRILLON 05/01/2024

> Date Electronic Signature of Registered Agent

Authorized Person(s) Detail:

Address

Title **AMBR** Title **MBR** 

LIBRE SARACUAL, BRIGHITTE PINANGO ANDRADE. JOHAN D Name Name

**ELIANIS** 

Address 6510 NW 84TH AVENUE 6510 NW 84TH AVENUE

City-State-Zip: MIAMI FL 33166 City-State-Zip: MIAMI FL 33166

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: BRIGHITTE ELIANIS LIBRE SARACUAL

Electronic Signature of Signing Authorized Person(s) Detail

MANAGER

05/01/2024

**FILED** May 01, 2024

**Secretary of State** 

5343514101CC

Date