

2022 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L21000077229

Entity Name: BENESSERE HEALTHCARE LIMITED LIABILITY COMPANY

Current Principal Place of Business:

760 NW 107 AVE
SUITE 402
MIAMI, FL 33172

Current Mailing Address:

760 NW 107 AVE
SUITE 402
MIAMI, FL 33172 US

FEI Number: 86-2474364

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DIAZ, CARLOS MR
2793 WEST 72 PL
HIALEAH, FL 33016 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	MGR
Name	DIAZ, CARLOS MR	Name	MARTINEZ, CLAUDIA B
Address	2793 WEST 72 PL	Address	1671 SW 159 AVE
City-State-Zip:	HIALEAH FL 33016	City-State-Zip:	PEMBROKE PINES FL 33027

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: CARLOS DIAZ

MGR

07/22/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date