

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000128031

**Entity Name:** REM CLINIC LLC

**Current Principal Place of Business:**

3115 W 4TH AVE  
HIALEAH, FL 33012

**Current Mailing Address:**

3115 W 4TH AVE  
HIALEAH, FL 33012 US

**FEI Number:** 87-4361738

**Certificate of Status Desired:** No

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

RUIZ, CARLOS E MR  
15625 SW 42 TER  
MIAMI, FL 33185 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:** CARLOS RUIZ

03/10/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title VP  
Name RUIZ, YUNAI SY MRS  
Address 15625 SW 42 TER  
City-State-Zip: MIAMI FL 33185

*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:** YUNAI SY RUIZ

OWNER

03/10/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date