

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000365047

**Entity Name:** FARMASERVI LLC

**Current Principal Place of Business:**

6175 NW 104TH CT  
MEDLEY, FL 33178

**Current Mailing Address:**

1977 W FALLWOOD DR  
APT 10  
TAYLORSVILLE, UT 84129

**FEI Number:** 87-2192202

**Certificate of Status Desired:** Yes

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

DELGADO, DOMINGO A  
1977 W FALLWOOD DR  
APTO 10  
TAYLORSVILLE, FL 84129 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 CEO  
Name SALAZAR, JULIO R  
Address 1977 W FALLWOOD DR APT 10  
City-State-Zip: TAYLORSVILLE UT 84129

Title MGR  
Name DELGADO, DOMINGO A  
Address 1977 W FALLWOOD DR APT 10  
City-State-Zip: TAYLORSVILLE UT 84129

*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:** SALAZAR JULIO

CEO

03/28/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date