

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000478746

**Entity Name:** BE MED LLC

**Current Principal Place of Business:**

10887 NW 17TH ST  
SUITE 109  
MIAMI, FL 33172

**Current Mailing Address:**

10887 NW 17TH ST  
SUITE 109  
MIAMI, FL 33172

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

MALGOR, BAYRON  
10887 NW 17TH ST  
SUITE 109  
MIAMI, FL 33172 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            AMBR  
Name            MALGOR, BAYRON  
Address        10887 NW 17TH ST, SUITE 109  
City-State-Zip: MIAMI FL 33172

*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:** BAYRON MALGOR

AMBR

04/30/2022

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Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_

Date