

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000220144

**Entity Name:** SOMI MEDICAL, LLC

**Current Principal Place of Business:**

10531 SOUTH DIXIE HIGHWAY  
MIAMI, FL 33156

**Current Mailing Address:**

6619 SOUTH DIXIE HWY #254  
MIAMI, FL 33143 UN

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

PORTUONDO, ERNESTO  
6619 SOUTH DIXIE HWY #254  
MIAMI, FL 33143 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            PORTUONDO, ERNESTO  
Address        6619 SOUTH DIXIE HWY #254  
City-State-Zip: MIAMI FL 33143

Title            AMBR  
Name            PORTUONDO, JUIANNE  
Address        6619 SOUTH DIXIE HWY #254  
City-State-Zip: MIAMI FL 33143

*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:** ERNESTO PORTUONDO

**REGISTERED MEMBER**

**01/20/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date