

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000397779

**Entity Name:** BENESSERE MEDICAL INSTITUTE LLC

**Current Principal Place of Business:**

790 NW 107 AVE  
301  
MIAMI, FL 33172

**Current Mailing Address:**

790 NW 107 AVE  
301  
MIAMI, FL 33172

**FEI Number:** 92-0447122

**Certificate of Status Desired:** No

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

CLAUDIA MARTINEZ  
790 NW 107 AVE  
301  
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 MGR  
Name CARLOS DIAZ  
Address 790 NW 107 AVE SUITE 301  
City-State-Zip: MIAMI FL 33172

Title MGR  
Name CARLOS GONZALEZ  
Address 790 NW 107 AVE, 301  
City-State-Zip: MIAMI FL 33172

Title MGR  
Name MENENDEZ ARCIA, ALDO  
Address 790 NW 107 AVE  
301  
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:** ALDO MENENDEZ ARCIA

MGR

01/17/2023

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date