

2024 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: CARLOS GONZALEZ

MGR

03/14/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date