

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000365688

**Entity Name:** TERAPIAS ALTERNATIVAS BM LLC

**Current Principal Place of Business:**

1900 N BAYSHORE DR SUITE 1A #136-2623  
MIAMI, FL 33132

**Current Mailing Address:**

2 S BISCAYNE BOULEVARD SUITE 3200 #2623  
MIAMI, FL 33131 US

**FEI Number:** 35-2818183

**Certificate of Status Desired:** No

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

LUPA ENTERPRISES INC  
100 SE 2ND STREET SUITE 2000  
MIAMI, FL 33131 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:** LUCIANA MORDINI

03/12/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name ROSALES TREVINO, EDITH  
ARABELLE  
Address JOSE MARIA PARAS SUR 802  
INTERIOR 204 MONTERREY CENTRO.  
City-State-Zip: MONTERREY,NUEVO LEON 64000

*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:** ROSALES TREVINO, EDITH ARABELLE

MGRM

03/12/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date