2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT\# L21000422440
Entity Name: CLINICA NEUROREHABILITAR LLC

## Current Principal Place of Business:

2030 S.DOUGLAS ROAD
109
CORAL GABLES, FL 33134

## Current Mailing Address:

2030 S.DOUGLAS ROAD
109
CORAL GABLES, FL 33134 US
FEI Number: 32-0671479
Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

SANCHEZ BECERRA, CECILIA
7275 SW 89TH ST
B-520
MIAMI, FL 33156 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: CECILIA SANCHEZ BECERRA $\quad 03 / 23 / 2023$

## Authorized Person(s) Detail :

| Title | MGR | Title | MGR |
| :--- | :--- | :--- | :--- |
| Name | SANCHEZ BECERRA, CECILIA | Name | SANCHEZ BECERRA, ANGELA LUCIA |
| Address | 7275 SW 89TH ST | Address | 7275 SW 89TH ST |
|  | B-520 |  | B-520 |
| City-State-Zip: | MIAMI FL 33156 | City-State-Zip: | MIAMI FL 33156 |

Title MANAGER
Name CLINICA NEUROREHABILITAR LTDA
Address $\quad 2030$ S.DOUGLAS ROAD 109
City-State-Zip: CORAL GABLES FL 33134

[^0]
[^0]:    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.

