

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000501113

**Entity Name:** SERVICIOS BIOPROTECT LLC

**Current Principal Place of Business:**

11605 NW 89TH ST  
APT 103  
DORAL, FL 33178

**Current Mailing Address:**

11605 NW 89TH ST  
APT 103  
DORAL, FL 33178 US

**FEI Number:** 87-3736726

**Certificate of Status Desired:** No

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

TAXCARE SOUTH MIAMI  
1400 NW 107TH AVENUE  
SUITE 203  
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:** CORINA A. SMITH

04/25/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MANAGER
Name	RICCIO MOLINA, ANTONIO	Name	RICCIO, GUIDO
Address	11605 NW 89TH ST APT 103	Address	11605 NW 89TH ST APT 103
City-State-Zip:	DORAL FL 33178	City-State-Zip:	DORAL FL 33178

*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:** GUIDO RICCIO

MANAGER

04/25/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date