

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000506252

**Entity Name:** VALORO MED MANAGER LLC

**Current Principal Place of Business:**

1000 BRICKELL AVE, STE 715 PMB 5020  
MIAMI, FL 33131

**Current Mailing Address:**

1000 BRICKELL AVE, STE 715 PMB 5020  
MIAMI, FL 33131 US

**FEI Number:** 87-3809634

**Certificate of Status Desired:** No

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

CORPORATE CREATIONS NETWORK, INC.  
801 US HWY 1  
NORTH PALM BEACH, FL 33408 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 VALORO CAPITAL LLC  
Address 1000 BRICKELL AVE, STE 715 PMB  
5020  
City-State-Zip: MIAMI FL 33131

*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:** VALORO CAPITAL LLC

MGR, BY ANDREW  
GILBERT, ATTORNEY-IN-  
FACT

04/19/2023

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

\_\_\_\_\_  
Date