

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000028163

FILED
Apr 27, 2009
Secretary of State

Entity Name: MD LLC

Current Principal Place of Business:

465 OCEAN DRIVE
APT 722
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

465 OCEAN DRIVE
APT 722
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 20-2534556 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DIEGO L. RESTREPO
396 ALHAMBRA CIRCLE
SUITE 210
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

DIEGO L. RESTREPO
2600 DOUGLAS ROAD
SUITE 506
CORAL GABLES, FL 33134 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: DIEGO L RESTREPO, ESQ

04/27/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: NOBILE, CLAUDIO M
Address: 465 OCEAN DRIVE APT 722
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGRM () Delete
Name: FELDMANN, DENISE
Address: 465 OCEAN DRIVE APT 722
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: CLAUDIO M NOBILE

MGRM

04/27/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date