## 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000022215

Entity Name: MIAMI VEIN CENTER, LLC

**Current Principal Place of Business:** 

1501 S MIAMI AVE MIAMI, FL 33129 Jan 07, 2015 Secretary of State CC6486090835

**FILED** 

## **Current Mailing Address:**

PO BOX 491365

KEY BISCAYNE. FL 33149 US

FEI Number: 16-1624374 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

ALMEIDA, JOSE 1501 S MIAMI AVE MIAMI, FL 33129 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 ALMEIDA, JOSE IMD
Address 1501 S MIAMI AVE
City-State-Zip: MIAMI FL 33129

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.

**MGR** 

Electronic Signature of Signing Authorized Person(s) Detail