

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000007862

**Entity Name:** MICRO-REMEDICATION, L.L.C.

**Current Principal Place of Business:**

1124 SOUTH POWERLINE ROAD  
DEERFIELD BEACH, FL 33442

**Current Mailing Address:**

1124 SOUTH POWERLINE ROAD  
DEERFIELD BEACH, FL 33442 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** Yes

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

SLACK, MARK  
9045 STRADA STELL COURT  
SUITE 400  
NAPLES, FL 34109 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:** MARK SLACK

03/08/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name SCANLAN, FRANCIS XCFO  
Address 1124 SOUTH POWERLINE ROAD  
City-State-Zip: DEERFIELD BEACH FL 33442

Title MGRM  
Name SEEGER, SHANNON ET  
Address 1124 SOUTH POWERLINE ROAD  
City-State-Zip: DEERFIELD BEACH FL 33442

Title MGRM  
Name SEEGER, KENNETH VP  
Address 1124 SOUTH POWERLINE ROAD  
City-State-Zip: DEERFIELD BEACH FL 33442

Title MGRM  
Name SENOMA, INC.  
Address 1124 SOUTH POWERLINE ROAD  
City-State-Zip: DEERFIELD BEACH FL 33442

Title MGRM  
Name ROBERTS, RILEY  
Address 1124 SOUTH POWERLINE ROAD  
City-State-Zip: DEERFIELD BEACH FL 33442

*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:** SHANNON SEEGER

**TREASURER**

03/08/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date