

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000071673

**FILED**  
**Apr 17, 2013**  
**Secretary of State**  
**CC9210749060**

**Entity Name:** DE DIEGO FAMILY LIMITED LIABILITY COMPANY

**Current Principal Place of Business:**

10820 NW 58TH ST.  
DORAL, FL 33178

**Current Mailing Address:**

10820 NW 58TH ST.  
DORAL, FL 33178

**FEI Number:** 20-1177357

**Certificate of Status Desired:** No

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

JORGE DE DIEGO, M.D.  
10820 NW 58TH ST.  
DORAL, FL 33178 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	MGRM	Title	MGRM
Name	JORGE DE DIEGO, M.D.	Name	DE DIEGO, ANA
Address	10820 NW 58TH ST.	Address	10820 NW 58TH ST.
City-State-Zip:	DORAL FL 33178	City-State-Zip:	DORAL FL 33178

Title MGRM  
Name DE DIEGO, CHRISTENE  
Address 10820 NW 58TH ST.  
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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JORGE DE DIEGO

MD

04/17/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date