

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000053390

Entity Name: AVERMED, LLC

Current Principal Place of Business:

14629 SW 104 ST
#137
MIAMI, FL 33186

Current Mailing Address:

PO BOX 653437
MIAMI, FL 33265 US

FEI Number: 20-2930055

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CEPEDA, GUILLERMO J
15447 SW 92ND STREET
MIAMI, FL 33196 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 P
Name CEPEDA, GUILLERMO
Address 15447 SW 92 STREET
City-State-Zip: MIAMI FL 33196

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: GUILLERMO CEPEDA

OWNER

05/01/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date