

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000053390

**Entity Name:** AVERMED, LLC

**Current Principal Place of Business:**

8950 SW 74TH COURT  
SUITE 2201  
MIAMI, FL 33156

**Current Mailing Address:**

PO BOX 653437  
MIAMI, FL 33265 US

**FEI Number:** 20-2930055

**Certificate of Status Desired:** Yes

**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**

**05/14/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date