

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000097964

**FILED**  
**Feb 13, 2017**  
**Secretary of State**  
**CC2081230610**

**Entity Name:** MEDFI INTERNATIONAL, LLC

**Current Principal Place of Business:**

3020 NE 32ND AVE  
SUITE 326  
FORT LAUDERDALE, FL 33308

**Current Mailing Address:**

3020 NE 32ND AVE  
SUITE 326  
FORT LAUDERDALE, FL 33308 US

**FEI Number:** 65-1142077

**Certificate of Status Desired:** No

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

MATZNER, GARY C  
2525 PONCE DE LEON BLVD  
SUITE 625  
CORAL GABLES, FL 33134 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 PRRESIDENT  
Name ANGELONE, DAVID  
Address 3020 NE 32ND AVE  
SUITE 326  
City-State-Zip: FORT LAUDERDALE FL 33308

Title AS  
Name EDWARDS, JEAN M  
Address 3020 NE 32ND AVE  
SUITE 326  
City-State-Zip: FORT LAUDERDALE FL 33308

Title COO  
Name AGARTH, DAVID  
Address 3020 NE 32ND AVE  
SUITE 326  
City-State-Zip: FORT LAUDERDALE FL 33308

*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:** JEAN EDWARDS

AS

02/13/2017

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

\_\_\_\_\_  
Date