

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000082075

**Entity Name:** PRINCEMED LLC

**Current Principal Place of Business:**

6020 NW 99TH AVE UNIT 201  
DORAL, FL 33178

**Current Mailing Address:**

6020 NW 99TH AVE UNIT 201  
DORAL, FL 33178 US

**FEI Number:** 35-2446524

**Certificate of Status Desired:** No

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

VELASQUEZ, HERNANDO A  
912 NW 15 AVE  
CAPE CORAL, FL 33993 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 MGR  
Name RUIZ, EFRAIN  
Address 2780 NE 183RD ST # 1201  
City-State-Zip: AVENTURA FL 33160

Title MGRM  
Name TORRES, PEDRO G  
Address 5915 47TH AVE APT # 4C  
City-State-Zip: WOODSIDE NY 11377

*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:** EFRAIN RUIZ

**MANAGER**

**02/05/2013**

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

\_\_\_\_\_  
Date