

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000082075

Entity Name: PRINCEMED LLC**Current Principal Place of Business:**1302 SW 147TH TER
PEMBROKE PINES, FL 33027**Current Mailing Address:**1302 SW 147TH TER
PEMBROKE PINES, FL 33027 US**FEI Number:** 27-3212497**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**HOLGUIN, CATHERINE
1302 SW 147TH TER
PEMBROKE PINES, FL 33027 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:** CATHERINE HOLGUIN

02/17/2016

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	PRESIDENT
Name	RUIZ, EFRAIN
Address	1302 SW 147TH TER
City-State-Zip:	PEMBROKE PINES FL 33027

Title	DIRECTOR OF OPERATIONS
Name	HOLGUIN, CATHERINE
Address	1302 SW 147TH TER
City-State-Zip:	PEMBROKE PINES FL 33027

Title	SALES MANAGER
Name	RUIZ, FELIPE
Address	1302 SW 147TH TER
City-State-Zip:	PEMBROKE PINES FL 33027

Title	DIRECTOR OF SALES
Name	HOLGUIN, RAUL
Address	1302 SW 147TH TER
City-State-Zip:	PEMBROKE PINES FL 33027

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: CATHERINE HOLGUINDIRECTOR OF
OPERATIONS

02/17/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date