

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000082075

**Entity Name:** PRINCEMED LLC

**Current Principal Place of Business:**

6993 NW 50 ST  
MIAMI, FL 33166

**Current Mailing Address:**

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

**FEI Number:** 27-3212497

**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 1302 SW 147TH TERR  
City-State-Zip: PEMBROOK 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:** EFRAIN RUIZ

**MANAGER**

**04/15/2014**

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

\_\_\_\_\_  
Date