

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