

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000013209

**Entity Name:** CELLBIZ, LLC

**Current Principal Place of Business:**

485 BRICKELL AVENUE  
4910  
MIAMI, FL 33131

**Current Mailing Address:**

485 BRICKELL AVENUE  
4910  
MIAMI, FL 33131

**FEI Number:** 99-0372834

**Certificate of Status Desired:** No

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

MY CORPORATIONUSA.COM, INC.  
1075 NE 99 STREET  
MIAMI SHORES, FL 33138 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           MANAGER  
Name           ALBA, MARTHA E MGR  
Address       485 BRICKELL AVENUE  
                  4910  
City-State-Zip: MIAMI FL 33131

*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:** MARTHA E ALBA

MGR

04/23/2013

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

\_\_\_\_\_  
Date