

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000042549

**Entity Name:** KIRUMED, LLC

**Current Principal Place of Business:**

C/O 199 SW 12TH AVENUE  
SUITE #4  
MIAMI, FL 33130

**Current Mailing Address:**

C/O 199 SW 12TH AVENUE  
SUITE #4  
MIAMI, FL 33130

**FEI Number:** 32-0373729

**Certificate of Status Desired:** No

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

JE OYARCE & ASSOCIATES, PA  
199 SW 12TH AVENUE  
SUITE #4  
MIAMI, FL 33130 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 MGRM  
Name BLANCO, RAFAEL  
Address C/O 199 SW 12TH AVENUE #4  
City-State-Zip: MIAMI FL 33130

Title MGRM  
Name PACEMAKER INVESTMENTS LTD.  
Address C/O 199 SW 12TH AVENUE, SUITE #4  
City-State-Zip: MIAMI FL 33130

Title MGR  
Name LIMONGI, ANGEL  
Address C/O 199 SW 12TH AVENUE, SUITE \$4  
City-State-Zip: MIAMI FL 33130

*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:** LIMONGI, ANGEL

MGRM

03/30/2013

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

\_\_\_\_\_  
Date