

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000018584

**Entity Name:** UROMEDIC LLC

**Current Principal Place of Business:**

1 LAS OLAS CIR - # 614  
FT LAUDERDALE, FL 33316

**Current Mailing Address:**

1 LAS OLAS CIR - # 614  
FT LAUDERDALE, FL 33316 US

**FEI Number:** 46-2181362

**Certificate of Status Desired:** Yes

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

SUPERBIZ REGISTERED AGENT, INC.  
2761 VISTA PKEY  
STE E4  
W PALM BEACH, FL 33411 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 NICHOLSON, MARILIN  
Address 1 LAS OLAS CIR - # 614  
City-State-Zip: FT LAUDERDALE FL 33316

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:** MARILIN NICHOLSON

MGRM

03/31/2016

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

\_\_\_\_\_  
Date