

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000076712

**Entity Name:** MAXIMAMEDICAL INTERNATIONAL LLC

**Current Principal Place of Business:**

250 NE 25TH STREET  
1709  
MIAMI, FL 33137

**Current Mailing Address:**

250 NE 25TH STREET  
1709  
MIAMI, FL 33137 US

**FEI Number:** 42-1775554

**Certificate of Status Desired:** No

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

CABRAL, ALFREDO  
250 NE 25TH STREET  
1709  
MIAMI, FL 33137 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 CHAVEZ HERNANDEZ, MIGUEL A  
Address 250 NE 25TH STREET  
1709  
City-State-Zip: MIAMI FL 33137

*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:** MIGUEL A CHAVEZ HERNANDEZ

MGR

02/10/2015

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

\_\_\_\_\_  
Date