

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000101002

**Entity Name:** DR. MING PRODUCTS, LLC

**Current Principal Place of Business:**

C/O 8551 W. SUNRISE BLVD.  
SUITE 208  
PLANTATION, FL 33322

**Current Mailing Address:**

C/O 8551 W. SUNRISE BLVD.  
SUITE 208  
PLANTATION, FL 33322 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

SOSA, HORACIO A ESQ.  
8551 W. SUNRISE BLVD.  
SUITE 208  
PLANTATION, FL 33322 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 RIVERO, JHONATTAN  
Address C/O 8551 W. SUNRISE BLVD., SUITE  
208  
City-State-Zip: PLANTATION FL 33322

Title MGR  
Name MONTUFAR, FABIANA  
Address C/O 8551 W. SUNRISE BLVD., SUITE  
208  
City-State-Zip: PLANTATION FL 33322

*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:** FABIANA MONTUFAR

**MGR**

**01/16/2014**

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

\_\_\_\_\_  
Date