

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000139143

**Entity Name:** M.D. REVENUE LLC

**Current Principal Place of Business:**

VERA, FROMETA & ASSOCIATES, P.A.  
2525 PONCE DE LEON BLVD SUITE 300  
CORAL GABLES , FL 33134

**Current Mailing Address:**

VERA, FROMETA & ASSOCIATES, P.A.  
2525 PONCE DE LEON BLVD SUITE 300  
CORAL GABLES , FL 33134 US

**FEI Number:** 46-5519166

**Certificate of Status Desired:** No

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

VERA, FROMETA & ASSOCIATES, P.A.  
VERA, FROMETA & ASSOCIATES, P.A.  
2525 PONCE DE LEON BLVD. SUITE 300  
CORAL GABLES , FL 33134 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:** ALAN VERA

02/24/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name JACOBSON, HENRIETTA VP  
Address 124 CLEVELAND ST  
City-State-Zip: LAKE WORTH FL 33461

Title MGRM  
Name GUILLOT, ANDREA  
Address UNIT 3450 BOX 50  
City-State-Zip: DPO, AA VA 34023

*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:** ANDREA GUILLOT

PRESIDENT

02/24/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date