

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000139143

Entity Name: M.D. REVENUE LLC

Current Principal Place of Business:

VERA, FROMETA & ASSOCIATES, P.A.
11 FONSECA AVE
CORAL GABLES , FL 33134

Current Mailing Address:

VERA, FROMETA & ASSOCIATES, P.A.
11 FONSECA AVE
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.
11 FONSECA AVE
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

04/30/2014

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name JACOBSON, HENRIETTA
Address 1215 SW 48TH TERRACE
City-State-Zip: DEERFIELD BEACH FL 33442

Title MGRM
Name GUILLOT, ANDREA
Address 1015 E. SUNRISE BLVD. UNIT 205
City-State-Zip: FT. LAUDERDALE FL 33304

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

MANAGING MEMBER

04/30/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date