

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000008180

**Entity Name:** MED CAB, LLC

**Current Principal Place of Business:**

17600 NW 87TH CT  
HIALEAH, FL 33018

**Current Mailing Address:**

17600 NW 87TH CT  
HIALEAH, FL 33018 US

**FEI Number:** 46-4738075

**Certificate of Status Desired:** No

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

CABRERIZA, REINALDO  
17600 NW 87TH CT  
HIALEAH, FL 33018 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 MANAGER

Name CABRERIZA, REINALDO

Address 17600 NW 87TH CT

City-State-Zip: HIALEAH FL 33018

Title AUTHORIZED REPRESENTATIVE

Name BELLO-CABRERIZA, ALICIA

Address 17600 NW 87TH CT

City-State-Zip: HIALEAH FL 33018

*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:** REINALDO CABRERIZA

**MANAGER**

**04/06/2015**

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

\_\_\_\_\_  
Date