

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000008180

Entity Name: MED CAB, LLC

Current Principal Place of Business:

20900 SW 244 ST.
HOMESTEAD, FL 33031

Current Mailing Address:

20900 SW 244 ST.
HOMESTEAD, FL 33031 US

FEI Number: 46-4738075

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CABRERIZA, REINALDO
20900 SW 244 ST.
HOMESTEAD, FL 33031 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	Title	AUTHORIZED REPRESENTATIVE
Name	CABRERIZA, REINALDO	Name	BELLO-CABRERIZA, ALICIA
Address	20900 SW 244 ST.	Address	20900 SW 244 ST.
City-State-Zip:	HOMESTEAD FL 33031	City-State-Zip:	HOMESTEAD FL 33031

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

04/24/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date