

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000160206

**Entity Name:** UNIMEDIC LLC

**Current Principal Place of Business:**

10851 NW 75TH ST  
MEDLEY, FL 33178

**Current Mailing Address:**

10851 NW 75TH ST  
MEDLEY, FL 33178 US

**FEI Number:** 47-2068360

**Certificate of Status Desired:** No

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

SILVAS FINANCIAL SERVICES LLC  
5520 S UNIVERSITY DRIVE  
STE C- 102  
DAVIE, FL 33328 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 VARELA, LUIS  
Address 10851 NW 75TH ST  
City-State-Zip: MEDLEY FL 33178

*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:** LUIS VARELA

MGR

04/11/2015

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

\_\_\_\_\_  
Date