

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000017409

**Entity Name:** NUON TECHNOLOGIES, LLC

**Current Principal Place of Business:**

17901 NW 5TH STREET  
SUITE 103  
PEMBROKE PINES, FL 33029

**Current Mailing Address:**

17901 NW 5TH STREET  
SUITE 103  
PEMBROKE PINES, FL 33029 US

**FEI Number:** 30-0856563

**Certificate of Status Desired:** No

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

GOSINE, VITRA  
17901 NW 5TH STREET  
SUITE 103  
PEMBROKE PINES, FL 33029 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 GEORGE VARGAS, MD, PA  
Address 2741 OCEAN CLUB BLVD., SUITE 204  
City-State-Zip: HOLLYWOOD FL 33019

Title MGR  
Name VITRA GOSINE, MD, LLC  
Address 5366 SW 120 AVENUE  
City-State-Zip: COOPER CITY FL 33330

*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:** GEORGE VARGAS

**MGR**

**04/26/2016**

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

\_\_\_\_\_  
Date