

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000032809

**Entity Name:** MEDCO HEALTHCARE SERVICES LLC

**Current Principal Place of Business:**

661 CYPRESS LAKE BLVD UNIT F  
POMPANO BEACH, FL 33064

**Current Mailing Address:**

P O BOX 1151  
DEERFIELD BEACH, FL 33443 US

**FEI Number:** 47-3151595

**Certificate of Status Desired:** No

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

WILD, WILLIAM  
661 CYPRESS LAKE BLVD UNIT F  
POMPANO BEACH, FL 33064 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:** EDUARD CUBILLAS

04/28/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name CUBILLAS, EDUARD  
Address 661 CYPRESS LAKE BLVD UNIT F  
City-State-Zip: POMPANO BEACH FL 33064

Title MGR  
Name WILD, WILLIAM  
Address 661 CYPRESS LAKE BLVD  
City-State-Zip: POMPANO BEACH FL 33064

*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:** WILLIAM WILD

P

04/28/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date