

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000045604

Entity Name: BLUE MEDICAL STORE LLC

Current Principal Place of Business:

4700 MILLENIA BLVD, STE 175
ORLANDO, FL 32839

Current Mailing Address:

4700 MILLENIA BLVD, STE 175
ORLANDO, FL 32839 US

FEI Number: 30-0862822

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LARSON ACCOUNTING AND CONSULTING SERVICES
8615 COMMODITY CIR STE 06
ORLANDO, FL 32819 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 AMBR
Name TEIXEIRA DE MELLO, ANTONIO CARLOS
Address 4700 MILLENIA BLVD, STE 175
City-State-Zip: ORLANDO FL 32839

Title AMBR
Name PEREIRA DE MELLO, MARIA DO CEO
Address 4700 MILLENIA BLVD, STE 175
City-State-Zip: ORLANDO FL 32839

Title MGR
Name HENRIQUE AMORIM, GUILHERME
Address 4700 MILLENIA BLVD, STE 175
City-State-Zip: ORLANDO FL 32839

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: ANTONIO CARLOS TEIXEIRA DE MELLO

AMBR

04/05/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date