

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000065075

**Entity Name:** KEIMFREI MED SOLUTIONS LLC

**Current Principal Place of Business:**

8017 LAKE DRIVE  
202  
DORAL, FL 33166

**Current Mailing Address:**

8017 LAKE DRIVE  
202  
DORAL, FL 33166

**FEI Number:** 47-3727084

**Certificate of Status Desired:** No

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

MIAMI ACCOUNTING & TAX SERVICES LLC  
13899 BISCAYNE BLVD  
PH9  
NORTH MIAMI BEACH, FL 33181 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 MRG  
Name SUAREZ, MERY GRACE  
Address 8017 LAKE DRIVE APT 202  
City-State-Zip: DORAL FL 33166

*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:** MERY GRACE SUAREZ

**MANAGER**

**07/01/2016**

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

\_\_\_\_\_  
Date