

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000129123

**Entity Name:** MEDIQUIM GROUP LLC

**Current Principal Place of Business:**

3625 NW 82 AVE.  
SUITE 100K  
DORAL, FL 33166

**Current Mailing Address:**

3625 NW 82 AVE.  
SUITE 100K  
DORAL, FL 33166 US

**FEI Number:** 81-2046148

**Certificate of Status Desired:** No

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

ROVERO ARRIAGA, JESUS R  
18331 PINES BLVD  
304  
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 ROVERO ARRIAGA, JESUS R  
Address 18331 PINES BLVD SUITE 304  
City-State-Zip: PEMBROKE PINES FL 33029

Title MGR  
Name MILLAN RODRIGUEZ, JONATHAN J  
Address 18331 PINES BLVD SUITE 304  
City-State-Zip: PEMBROKE PINES FL 33029

Title MGR  
Name LANDA, CARLOS  
Address 3324 SW 171ST TER  
City-State-Zip: MIRAMAR FL 33027

Title MGR  
Name NUNES, CLAUDIO  
Address 18331 PINES BLVD  
SUITE 304  
City-State-Zip: PEMBROKE PINES FL 33029

*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:** ROVERO ARRIAGA , JESUS , R

MGR

04/05/2016

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

\_\_\_\_\_  
Date