

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000213441

Entity Name: SHACAMED LLC

Current Principal Place of Business:

4770 BISCAYNE BLVD.
SUITE 400
MIAMI , FL 33137

Current Mailing Address:

4770 BISCAYNE BLVD.
SUITE 400
MIAMI , FL 33137 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LIPS, ALAN
4770 BISCAYNE BLVD.
SUITE 400
MIAMI BEACH, FL 33137 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 ACHER, GABRIELA
Address 4770 BISCAYNE BLVD.
SUITE 400
City-State-Zip: MIAMI FL 33141

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: GABRIELA ACHER

MGR

04/29/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date