

**2017 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

05/08/2017

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

\_\_\_\_\_  
Date