

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000129966

Entity Name: MAGNAMED MEDICAL TECHNOLOGY LLC

Current Principal Place of Business:

4737 NE 25TH AVE - UNIT 205
FORT LAUDERDALE, FL 33308

Current Mailing Address:

4737 NE 25TH AVE - UNIT 205
FORT LAUDERDALE, FL 33308 US

FEI Number: 35-2566566

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CSG - CAPITAL SERVICES GROUP INC
446 W HILLSBOROR BLVD
DEERFIELD BEACH, FL US

FILED
Mar 27, 2018
Secretary of State
CC2976943296

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 UEDA, WARATU
Address 4737 NE 25TH AVE - UNIT 205
City-State-Zip: FORT LAUDERDALE FL 33308

Title AMBR
Name SUZUKI, TATSUO
Address 4737 NE 25TH AVE - UNIT 205
City-State-Zip: FORT LAUDERDALE FL 33308

Title AMBR
Name MIYAGI KINJO, TORU
Address 4737 NE 25TH AVE - UNIT 205
City-State-Zip: FORT LAUDERDALE FL 33308

Title AMBR
Name VOX IMPACT INVESTING I F I PART
Address PRAIA DE BOTAFOGO, 501 - 5 ANDAR
City-State-Zip: RIO DE JANEIRO RIO DE JANEIRO
22250--040

Title AMBR
Name FUNDO MUTUO DE INVESTIMENTO E
E CRIATEC
Address AV.PRESIDENTE WILSON, 231 - 11
ANDAR
City-State-Zip: RIO DE JANEIRO RIO DE JANEIRO
20030--905

Title MGR
Name BACELAR, CLAUDIO C
Address 4737 NE 25TH AVE - UNIT 205
City-State-Zip: FORT LAUDERDALE FL 33308

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: UEDA, WARATU

AMBR

03/27/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date