

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000161055

**Entity Name:** VALMAMED LLC

**Current Principal Place of Business:**

2690 W 76 ST  
UNIT 207  
MIAMI, FL 33016

**Current Mailing Address:**

2690 W 76 ST  
UNIT 207  
MIAMI, FL 33016 US

**FEI Number:** 81-3709951

**Certificate of Status Desired:** No

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

MEDINA VALMASEDA, MICHEL  
2690 W 76 ST  
UNIT 207  
MIAMI, FL 33016 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:** MEDINA VALMASEDA MICHEL

04/30/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name MEDINA VALMASEDA, MICHEL  
Address 2690 W 76 ST  
UNIT 207  
City-State-Zip: MIAMI FL 33016

Title AMBR  
Name VALMASEDA SAROZA, ENERDY ROSA  
Address 2690 W 76 ST  
UNIT 207  
City-State-Zip: MIAMI FL 33016

Title AMBR  
Name VENULEJO, ANTONIO  
Address 2690 W 76 ST  
UNIT 207  
City-State-Zip: MIAMI FL 33016

*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:** MICHEL MEDINA VALMASEDA

AMBR

04/30/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date