

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000164135

**Entity Name:** MATRIX LAB NETWORK LLC

**Current Principal Place of Business:**

19900 NE 21ST AVE  
MIAMI, FL 33179

**Current Mailing Address:**

19900 NE 21ST AVE  
MIAMI, FL 33179

**FEI Number: 81-4278944**

**Certificate of Status Desired:** No

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

COHEN, SHARON  
19900 NE 21ST AVE  
MIAMI, FL 33179 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 COHEN, SHARON  
Address 19900 NE 21ST AVE  
City-State-Zip: MIAMI FL 33179

*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: SHARON COHEN**

**MGR**

**04/30/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date