

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000193319

Entity Name: MEDESOLUTIONS LLC

Current Principal Place of Business:

7269 WINDING LAKE CIRCLE
OVIDO, FL 32765

Current Mailing Address:

7269 WINDING LAKE CIRCLE
OVIDO, FL 32765 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHAMSI, FARHAN
7269 WINDING LAKE CIRCLE
OVIDO, FL 32765 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 SHAMSI, FARHAN
Address 7269 WINDING LAKE CIRCLE
City-State-Zip: OVIDO FL 32765

Title MGR
Name MUHAMMAD ALI, MIAN
Address B300 GALMOUR HEIGHTS
City-State-Zip: LAHORE PU 00000

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: FARHAN SHAMSI

MGR

04/30/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date