

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000209544

**Entity Name:** PUSH HARD CPR, LLC

**Current Principal Place of Business:**

4000 SW 6TH STREET  
MIAMI, FL 33134

**Current Mailing Address:**

15520 SW 57TH TERRACE  
MIAMI, FL 33193 US

**FEI Number: 81-4448510**

**Certificate of Status Desired: Yes**

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

FERNANDEZ, GABRIEL  
15520 SW 57TH TERRACE  
MIAMI, FL 33193 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 FERNANDEZ, GABRIEL  
Address 15520 SW 57TH TERRACE  
City-State-Zip: MIAMI FL 33193

*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: GABRIEL FERNANDEZ**

**CEO**

**02/13/2017**

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

\_\_\_\_\_  
Date