

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000156178

**Entity Name:** SFMED, LLC

**Current Principal Place of Business:**

133 NE 2ND AVE  
411  
MIAMI, FL 33132

**Current Mailing Address:**

1825 PONCE DE LEON BLVD  
547  
CORAL GABLES, FL 33134

**FEI Number:** 82-2229909

**Certificate of Status Desired:** No

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

MAJID, SELMA F  
133 NE 2ND AVE  
411  
MIAMI, FL 33132 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 MGRM  
Name MAJID, SELMA F  
Address 133 NE 2ND AVE #411  
City-State-Zip: MIAMI FL 33132

*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:** SELMA MAJID

**OWNER/MANAGER**

**04/11/2018**

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

\_\_\_\_\_  
Date