

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91532 016 ****50.00

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # *Lo1000018924*

1. Entity Name

MD CREATIONS LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

770 Ponce de Leon Blvd

3. Mailing Address

770 Ponce de Leon Blvd

Suite, Apt. #, etc.

SUITE 209

Suite, Apt. #, etc.

SUITE 209

City & State

Coral Gables, FL

City & State

Coral Gables, FL

Zip

33134

Country

USA

Zip

33134

Country

USA

4. FEI Number

65-1151329

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

TSIMOGIANNIS, JOHNNY

Street Address (P.O. Box Number is Not Acceptable)

770 Ponce de Leon Blvd

#20

City

Coral Gables

FL

Zip Code

33134

8. 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

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

Make Check Payable to Department of State

DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE *MEM*
NAME *TSIMOGIANNIS, JOHNNY*
STREET ADDRESS *770 Ponce de Leon Blvd*
CITY - ST - ZIP *Coral Gables, FL 33134*

TITLE *MEM*
NAME *TSIMOGIANNIS, Lily*
STREET ADDRESS *770 Ponce de Leon Blvd*
CITY - ST - ZIP *Coral Gables, FL 33134*

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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 609, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/30/02 305 444 2445

CR2E083B (12/01)