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FILED
Jun 23, 2003 8:00 am
Secretary of State
05-05-2003 92166 017 ****50.00

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000018924

1. Entity Name

MD CREATIONS LLC

DO NOT WRITE IN THIS SPACE

44004873

2. Principal Place of Business	3. Mailing Address
520 NW 89th TERRACE	8362 PINES BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	SUITE 390
City & State	City & State
PEMBROKE PINE, FL	PEMBROKE PINES, FL
Zip / Country	Zip / Country
33024	33024

DO NOT WRITE IN THIS SPACE

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

7. Name and Address of Current Registered Agent

Name: JOHNNY TSIMOGIANNIS

Street Address (P.O. Box Number is Not Acceptable): 999 PONCE DE LEON BLVD

SUITE 601

City: CORAL GABLES FL Zip Code: 33024

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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE: [signature] Johnny Tsimogiannis 04/28/03

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

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	MEM MANAGER	TITLE	
NAME	TSIMOGIANNIS, JOHNNY	NAME	
STREET ADDRESS	999 PONCE DE LEON BLVD, SUITE 601	STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES, FL 33134	CITY - ST - ZIP	
TITLE	MEM MANAGER	TITLE	
NAME	TSIMOGIANNIS, LILY	NAME	
STREET ADDRESS	999 PONCE DE LEON BLVD, SUITE 601	STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES, FL 33134	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
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CR2E083B (12/02)

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 608, Florida Statutes.

SIGNATURE: [signature] JOHNNY TSIMOGIANNIS 04/28/03 305-442-1028

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

STF FL32519F.1