

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000027300

**FILED**  
**Apr 30, 2010**  
**Secretary of State**

**Entity Name:** INSUMED, LLC.

**Current Principal Place of Business:**

4733 NW 103 AVE  
SUNRISE, FL 33351 US

**New Principal Place of Business:**

412 CAMERON DR.  
WESTON, FL 33326 US

**Current Mailing Address:**

4733 NW 103 AVE  
SUNRISE, FL 33351 US

**New Mailing Address:**

412 CAMERON DR.  
WESTON, FL 33326 US

**FEI Number:** 20-0112074

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

ILEANA ARIAS TOVAR, ESQ.  
1725 MAIN STREET, SUITE 209  
WESTON, FL 33326 US

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

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

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** MUJICA, ELIAS R  
**Address:** 9988 NOB HILL PLACE  
**City-St-Zip:** SUNRISE, FL 33351 US

**Title:** PST  
**Name:** SOTO, LUIS  
**Address:** 412 CAMERON DR.  
**City-St-Zip:** WESTON, FL 33326 US

**Title:** MGR  
**Name:** MUJICA, HECTOR  
**Address:** 933 SAVANNAH FALLS DRIVE  
**City-St-Zip:** WESTON, FL 33327 US

I hereby certify that the information indicated on this 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 608, Florida Statutes.

**SIGNATURE:** LUIS SOTO

PST

04/30/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date