

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000022101

Entity Name: DANIEL MEDINA, LLC

**FILED**  
**Feb 01, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

8983 OKEECHOBEE BLVD STE 202 PMB 158  
WEST PALM BEACH, FL 33411

**New Principal Place of Business:**

**Current Mailing Address:**

9858 GLADES RD., #119  
BOCA RATON, FL 33434

**New Mailing Address:**

FEI Number: 20-0920947

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MEDINA, DANIEL  
8983 OKEECHOBEE BLVD STE 202 PMB 158  
WEST PALM BEACH, FL 33411 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: MGRM ( ) Delete  
Name: MEDINA, DANIEL  
Address: 8983 OKEECHOBEE BLVD STE 202 PMB 158  
City-St-Zip: WEST PALM BEACH, FL 33411

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: DANIEL MEDINA

MGRM

02/01/2007

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