

FINAL

2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

FILED  
Jun 14, 2005 8:00 am  
Secretary of State

06-14-2005 90051 001 \*\*\*\*50.00

DOCUMENT # L04000028584

1. Entity Name  
MEDDSOCCER LLC



Principal Place of Business  
1021 BROOKS LANE  
DELRAY BEACH, FL 33483

Mailing Address  
1021 BROOKS LANE  
DELRAY BEACH, FL 33483

20060153



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05122005

Chg-LLC

CR2E083 (10/03)

City & State

City & State

4. FEI Number

34-1988983

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MEDD, RANDALL R  
1021 BROOKS LANE  
DELRAY BEACH, FL 33483

Name

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

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00  
Due by September 7, 2005

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
MEDD, RANDALL R  
1021 BROOKS LANE  
DELRAY BEACH, FL 33483 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
MEDD, CATHERINE  
1021 BROOKS LANE  
DELRAY BEACH, FL 33483 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

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

6/6/05

Daytime Phone #