

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000034498**

1. Entity Name  
MD UNLIMITED GROUP, LLC



Principal Place of Business

505 W. OAK STREET  
SUITE 101  
KISSIMMEE, FL 34744

Mailing Address

505 W. OAK STREET  
SUITE 101  
KISSIMMEE, FL 34744



01122006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-1105840

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**8. Name and Address of Current Registered Agent**

ARVELO, GUSTAVO MD  
505 W. OAK STREET  
SUITE 101  
KISSIMMEE, FL 34744

**DO NOT WRITE  
IN THIS SPACE**

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 May 1, 2006**

U00000572142  
07/25/06-80017-009 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
ARVELO, GUSTAVO MD  
505 W. OAK STREET, SUITE 101  
KISSIMMEE, FL 34744

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
JIMENEZ, RAFAEL MD  
505 W. OAK STREET, SUITE 101  
KISSIMMEE, FL 34744

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #