

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 13, 2007 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**

**DO NOT WRITE IN THIS SPACE**



02132007No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**20-1105840**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

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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 renewing)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

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

U00000703917  
04/20/07-80160-014 50.00

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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 #