

# **2012 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L04000073483

**FILED**  
**Oct 08, 2012**  
**Secretary of State**

**Entity Name:** FORSURE MEDICAL PRODUCTS LLC

**Current Principal Place of Business:**

1301 NW 78TH AVE.  
DORAL, FL 33126

**New Principal Place of Business:**

**Current Mailing Address:**

1301 NW 78TH AVE.  
DORAL, FL 33126

**New Mailing Address:**

**FEI Number:** 20-2256489

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ARIAS, IVETTE  
1301 NW 78TH AVE.  
DORAL, FL 33126 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  
**Name:** ARIAS, IVETTE  
**Address:** 7990 GRAND CANAL DRIVE  
**City-St-Zip:** MIAMI, FL 33144

**Title:** MGR  
**Name:** ARIAS, LUIS JR  
**Address:** 1301 NW 78TH AVE.  
**City-St-Zip:** DORAL, FL 33126

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:** IVETTE ARIAS

MGR

10/08/2012

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