

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000028163

FILED  
Mar 10, 2010  
Secretary of State

Entity Name: MD LLC

**Current Principal Place of Business:**

465 OCEAN DRIVE  
APT 722  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

**Current Mailing Address:**

465 OCEAN DRIVE  
APT 722  
MIAMI BEACH, FL 33139

**New Mailing Address:**

FEI Number: 20-2534556

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DIEGO L. RESTREPO  
2600 DOUGLAS ROAD  
SUITE 506  
CORAL GABLES, FL 33134 US

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

NOBILE, MIGUEL  
465 COLLINS AVENUE  
SUITE 722  
MIAMI BEACH, FL 33139 US

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: MIGUEL NOBILE

03/10/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: NOBILE, CLAUDIO M  
Address: 465 OCEAN DRIVE APT 722  
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: MGRM  
Name: FELDMANN, DENISE  
Address: 465 OCEAN DRIVE APT 722  
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: MGR  
Name: NOBILE, MIGUEL  
Address: 465 OCEAN DRIVE APT 722  
City-St-Zip: MIAMI BEACH, FL 33139 US

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: MIGUEL NOBILE

MGR

03/10/2010

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