

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000042281

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Entity Name:** MEDICAL INTERNATIONAL TRADING, LLC

**Current Principal Place of Business:**

1744 ASPEN LANE  
WESTON, FL 33327

**New Principal Place of Business:**

**Current Mailing Address:**

1744 ASPEN LANE  
WESTON, FL 33327

**New Mailing Address:**

**FEI Number:** 16-1724117

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

YESPICA, EDUARDO  
1744 ASPEN LANE  
WESTON, FL 33377 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:** MGR  
**Name:** YESPICA, EDUARDO  
**Address:** 1744 ASPEN LANE  
**City-St-Zip:** WESTON, FL 33327

**Title:** ST  
**Name:** YESPICA, EDUARDO  
**Address:** 1744 ASPEN LANE  
**City-St-Zip:** WESTON, FL 33327

**Title:** DIR  
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**City-St-Zip:** WESTON, FL 33327

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:** EDUARDO YESPICA

DIR

04/20/2011

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