

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000012777

**FILED**  
**Feb 28, 2010**  
**Secretary of State**

**Entity Name:** STINROD LLC.

**Current Principal Place of Business:**

6705 SW 57TH AVE  
SUITE 306  
SOUTH MIAMI, FL 33143

**New Principal Place of Business:**

**Current Mailing Address:**

6705 SW 57TH AVE  
SUITE 306  
SOUTH MIAMI, FL 33143

**New Mailing Address:**

**FEI Number:** 20-4280259

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STINCER, CARLOS E  
6705 SW 57TH AVE  
STE 306  
SOUTH MIAMI, FL 33143 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:** CARLOS E. STINCER MD.  
**Address:** 6705 SW 57TH AVE STE 306  
**City-St-Zip:** SOUTH MIAMI, FL 33143 US

**Title:** MGRM  
**Name:** MANUEL RODRIGUEZ GARCIA MD.  
**Address:** 6705 SW 57TH AVE STE 306  
**City-St-Zip:** SOUTH MIAMI, FL 33133 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: CARLOS E STINCER MD

MGRM

02/28/2010

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