


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90306 035 ****55.00

DOCUMENT # L06000025194					
1. Entity Name MEDI-MAS, LLC					
Principal Place of Business 115 SUNRISE DRIVE, #2A KEY BISCAYNE, FL 33149			Mailing Address 115 SUNRISE DRIVE, #2A KEY BISCAYNE, FL 33149		
2. Principal Place of Business - No P.O. Box # 6355 N.W. 36TH ST.		3. Mailing Address 6355 N.W. 36TH ST.			
Suite, Apt. #, etc. 301		Suite, Apt. #, etc. 301			
City & State VIRGINIA GARDENS, FL.		City & State VIRGINIA GARDENS, FL.			
Zip 33166-7027		Country U.S.A.		Zip 33166-7027	
Country U.S.A.		Country U.S.A.			
4. FEI Number 20-4465919					
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent MERKIN, STEWART A ESQ. 444 BRICKELL AVENUE, STE. 300 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RECAREY, JORGE 115 SUNRISE DRIVE, #2A KEY BISCAYNE, FL 33149	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/9/07 (305) 970-2933

Date

Daytime Phone #