2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 13, 2008
Secretary of State

DOCUMENT# L06000025194

Entity Name: MEDI-MAS, LLC

Current Principal Place of Business:

6355 NW 36TH ST
301
VIRGINIA GARDENS, FL 33166

New Principal Place of Business:

6355 NW 36TH ST
604
VIRGINIA GARDENS, FL 33166

Current Mailing Address:

6355 NW 36TH ST
301
VIRGINIA GARDENS, FL 33166

New Mailing Address:

6355 NW 36TH ST
604
VIRGINIA GARDENS, FL 33166

FEI Number: 20-4465919 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MERKIN, STEWART A ESQ.
444 BRICKELL AVENUE, STE. 300
MIAMI, FL 33131 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 ( ) Delete
Name: RECAREY, JORGE
Address: 115 SUNRISE DRIVE, #2A
City-St-Zip: KEY BISCAYNE, FL 33149

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR ( ) Change (X) Addition
Name: LORIE, FELIPE
Address: 150 OCEAN LANE DRIVE # 5-D
City-St-Zip: KEY BISCAYNE, FL 33149

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: FELIPE LORIE MGR 05/13/2008

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