

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90228 014 ***138.75

DOCUMENT # L06000047711

1. Entity Name
MED SCRUBS, LLC



Principal Place of Business
4600 SHERIDAN ST. SUITE 203
HOLLYWOOD, FL 33021

Mailing Address
4600 SHERIDAN ST. SUITE 203
HOLLYWOOD, FL 33021

60020237



2. Principal Place of Business - No P.O. Box #
4161 Parkview Dr.
Suite, Apt. #, etc.

3. Mailing Address
4161 Parkview Dr.
Suite, Apt. #, etc.

04012008 Chg-LLC CR2E083 (12/06)

City & State
Hollywood, FL
Zip 33021 Country USA

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Hollywood, FL
Zip 33021 Country USA

4. FEI Number
~~NOT APPLICABLE~~ 20-8714862 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SOBOL, EPHRAIM
4600 SHERIDAN ST. SUITE 203
HOLLYWOOD, FL 33021

7. Name and Address of New Registered Agent

Name Ephraim Sobol

Street Address (P.O. Box Number is Not Acceptable)

4161 Parkview Dr.

City Hollywood FL Zip Code 33021

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 *Ephraim Sobol*

4/1/08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME SOBOL ENTERPRISES, LLC ☐ Delete
STREET ADDRESS 4600 SHERIDAN ST., SUITE 203
CITY-ST-ZIP HOLLYWOOD, FL 33021

10. ADDITIONS/CHANGES

TITLE MGRM
NAME SOBOL ENTERPRISES, LLC ☒ Change ☐ Addition
STREET ADDRESS 4161 Parkview Dr.
CITY-ST-ZIP Hollywood, FL 33021

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
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NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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: *Ephraim Sobol*

4/1/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #