

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000063292

Entity Name: TEKNO-MED, L.L.C.

FILED  
May 28, 2009  
Secretary of State

**Current Principal Place of Business:**

251 CRANDON BLVD.  
SUITE 423  
KEY BISCAYNE, FL 33149

**New Principal Place of Business:**

**Current Mailing Address:**

251 CRANDON BLVD.  
SUITE 423  
KEY BISCAYNE, FL 33149

**New Mailing Address:**

FEI Number: 64-0957968      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:**

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

SILVA'S ENTERPRISE, INC.  
5220 S UNIVERSITY DR  
SUITE C-102  
DAVIE, FL 33328 US

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 ( ) Delete  
Name: LOZANO, GERMAN  
Address: 251 CRANDON BLVD., SUITE 423  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: MGRM ( ) Delete  
Name: LOZANO, REBECA  
Address: 251 CRANDON BLVD., SUITE 423  
City-St-Zip: KEY BISCAYNE, FL 33149

**ADDITIONS/CHANGES:**

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

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

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: GERMAN LOZANO

MGRM

05/28/2009

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