

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000072821

Entity Name: HORMONAMED LLC

FILED
Jan 07, 2009
Secretary of State

Current Principal Place of Business:

5567 SW 100 TERRACE
COOPER CITY, FL 33328

New Principal Place of Business:

5567 SW 100 TERR
COOPER CITY, FL 33328

Current Mailing Address:

5567 SW100 TERRACE
COOPER CITY, FL 33328

New Mailing Address:

5567 SW 100 TERRACE
COOPER CITY, FL 33328

FEI Number: 20-5244610

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABUSENBL, SUBHI M
5567 SW 100 TERRACE
COOPER CITY, FL 33133 US

Name and Address of New Registered Agent:

ABUSENBL, SUBHI M
5567 SW 100 TERR
COOPER CITY, 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: SUBHI M ABUSENBL

01/07/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: ABUSENBL, SUBHI M
Address: 5567 SW 100 TERRACE
City-St-Zip: COOPER CITY, FL 33328

Title: VP () Delete
Name: ABUSENBL, TERESITA D
Address: 5567 SW 100TERRACE
City-St-Zip: COOPER CITY, FL 33328

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: SUBHI M ABUSENBL

DR

01/07/2009

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