

**2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

**FILED  
Nov 17, 2008  
Secretary of State**

DOCUMENT# L07000062222

Entity Name: MD SHIELD LLC

**Current Principal Place of Business:**

13337 SW 88 AVE  
MIAMI, FL 33176

**New Principal Place of Business:**

**Current Mailing Address:**

13337 SW 88 AVE  
MIAMI, FL 33176

**New Mailing Address:**

FEI Number: 90-0348404      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MASLOWSKI, EUGENIO  
13337 SW 88 AVE  
MIAMI, FL 33176    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: MGRM      (X) Delete  
Name: SOLER, ANA  
Address: 13337 SW 88 AVE  
City-St-Zip: MIAMI, FL 33176

Title: MGRM      (X) Delete  
Name: DI MATTEO, GIOVINA  
Address: 13337 SW 88 AVE  
City-St-Zip: MIAMI, FL 33176

Title: MGRM      ( ) Delete  
Name: MASLOWSKI, EUGENIO  
Address: 13337 SW 88 AVE  
City-St-Zip: MIAMI, FL 33176

**ADDITIONS/CHANGES:**

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

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: EUGENIO MASLOWSKI      MGRM      11/17/2008

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