

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000104830

Entity Name: MEDONCUS, LLC

**FILED**  
**Apr 30, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

11835 MAGNOLIA FALLS DR.  
JACKSONVILLE, FL 32258

**New Principal Place of Business:**

**Current Mailing Address:**

11835 MAGNOLIA FALLS DR.  
JACKSONVILLE, FL 32258

**New Mailing Address:**

FEI Number: 26-1312002

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HOU, ZHEN  
11835 MAGNOLIA FALLS DR.  
JACKSONVILLE, FL 32258 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  
Name: HOU, ZHEN  
Address: 11835 MAGNOLIA FALLS DR.  
City-St-Zip: JACKSONVILLE, FL 32258

Title: MGRM  
Name: SHENG, HONG  
Address: 997 COUNTY RD 13 SOUTH  
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: MGRM  
Name: HOU, HAROLD Y  
Address: 5880 LISKA DR  
City-St-Zip: JACKSONVILLE, FL 32244

I hereby 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: ZHEN HOU

MGR

04/30/2010

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