

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000125797

**FILED**  
**Apr 20, 2010**  
**Secretary of State**

**Entity Name:** VENBIZ MEDICAL EQUIPMENT, LLC.

**Current Principal Place of Business:**

10620 GRIFFIN ROAD  
SUITE 207  
COOPER CITY, FL 33328

**New Principal Place of Business:**

10620 GRIFFIN ROAD  
SUITE 207  
COOPER CITY, FL 33328 US

**Current Mailing Address:**

5220 S UNIVERSITY DR  
SUITE C-104  
DAVIE, FL 33328

**New Mailing Address:**

5220 S UNIVERSITY DR  
SUITE C-104  
DAVIE, FL 33328 US

**FEI Number:** 26-1599239

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

SILVAS FINANCIAL SERVICES, L.L.C.  
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: MARTIN AZAMBUYA

04/20/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MARTIN, DANIEL A  
Address: 10620 GRIFFIN ROAD SUITE 207  
City-St-Zip: COOPER CITY, FL 33328 US

Title: MGRM  
Name: MARTIN, WILLIAN  
Address: 10620 GRIFFIN ROAD SUITE 207  
City-St-Zip: COOPER CITY, FL 33328 US

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: DANIEL MARTIN

MGRM

04/20/2010

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