

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000126797

Entity Name: SLAVMED, LLC

FILED
Apr 03, 2009
Secretary of State

Current Principal Place of Business:

3626 CONIFER LANE
ORMOND BEACH, FL 32174

New Principal Place of Business:

69 SHADOW CREEK WAY
ORMOND BEACH, FL 32174

Current Mailing Address:

P.O. BOX: 731311
ORMOND BEACH, FL 32173

New Mailing Address:

FEI Number: 26-2483132

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YERAKHAVETS, MILLA
1030 WEST INTERNATIONAL SPEEDWAY BLVD.
SUITE 270
DAYTONA BEACH, FL 32114 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 () Delete
Name: YERAKHAVETS, MILLA
Address: 69 SHADOWCREEK WAY
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGRM () Delete
Name: HANDEL, ASYA
Address: 24 CROOKED TREE TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: YERAKHAVETS, MILLA
Address: 69 SHADOW CREEK WAY
City-St-Zip: ORMOND BEACH, FL 32174

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: MILLA YERAKHAVETS

MS.

04/03/2009

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