

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000033771

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: MEDI-BLUE LLC

**Current Principal Place of Business:**

300 OAKWOOD LANE  
HOLLYWOOD, FL 33020

**New Principal Place of Business:**

383 NE 2ND AVE  
HALLANDALE, FL 33009

**Current Mailing Address:**

300 OAKWOOD LANE  
HOLLYWOOD, FL 33020

**New Mailing Address:**

383 NE 2ND AVE  
HALLANDALE, FL 33009

FEI Number: 26-2320179

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GELBER, CLIFFORD  
2201 NW 30TH PLACE  
POMPANO BEACH, FL 33069 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 ( ) Delete  
Name: ELIMELECH, RONEN  
Address: 300 OAKWOOD LANE  
City-St-Zip: HOLLYWOOD, FL 33020

Title: MGR ( ) Delete  
Name: MOALEM, HEAZY  
Address: 300 OAKWOOD LANE  
City-St-Zip: HOLLYWOOD, FL 33020

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: ELIMELECH, RONEN  
Address: 383 NE 2ND AVE  
City-St-Zip: HALLANDALE, FL 33009

Title: MGR (X) Change ( ) Addition  
Name: MOALEM, HEAZY  
Address: 383 NE 2ND AVE  
City-St-Zip: HALLANDALE, FL 33009

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: RONEN ELIMELECH

RE

04/14/2009

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