

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000002324

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

**Entity Name:** MED VILLAS HOLDINGS, LLC

**Current Principal Place of Business:**

9725 NW 52 ST. APT 504  
DORAL, FL 33178

**New Principal Place of Business:**

**Current Mailing Address:**

9725 NW 52 ST. APT 504  
DORAL, FL 33178

**New Mailing Address:**

**FEI Number:** 26-4833143

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

RIOS, JOSE VICENTE  
9725 NW 52 ST. APT 504  
DORAL, FL 33178 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  
**Name:** RIOS, JOSE VICENTE  
**Address:** 9725 NW 52 ST. APT 504  
**City-St-Zip:** DORAL, FL 33178

**Title:** MGR  
**Name:** MINA CAFARO DE RIOS  
**Address:** 9725 NW 52 ST. APT 504  
**City-St-Zip:** DORAL, FL 33178

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:** JOSE VICENTE RIOS

MR

01/05/2012

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