

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000071220

Entity Name: MEDBOX, LLC

**FILED**  
**May 01, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

7119 NW 106TH AVE  
TAMARAC, FL 33321

**New Principal Place of Business:**

**Current Mailing Address:**

7119 NW 106TH AVE  
TAMARAC, FL 33321

**New Mailing Address:**

FEI Number: 27-0593801      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

AMATO, RALPH J SR  
7119 NW 106TH AVE  
TAMARAC, FL 33321      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: AMATO, RALPH J SR  
Address: 7119 NW 106TH AVE  
City-St-Zip: TAMARAC, FL 33321

Title: MGRM  
Name: ESPINOZA, MANOLO E  
Address: 485 NORTH PINE ISLAND RD A105  
City-St-Zip: PLANTATION, FL 33324

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: MANOLO MANOLO

MGRM

05/01/2010

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