

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000069874

FILED  
Aug 18, 2011  
Secretary of State

**Entity Name:** ILUMEDICA INSUMOS Y SERVICIOS LLC

**Current Principal Place of Business:**

1090 SMOKE TREE CT  
WESTON, FL 33326

**New Principal Place of Business:**

**Current Mailing Address:**

1090 SMOKE TREE CT  
WESTON, FL 33326

**New Mailing Address:**

**FEI Number:** 27-4910202

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VALLADARES, ALEJANDRO  
1090 SMOKE TREE C T  
WESTON, FL 33326 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  
**Name:** VALLADARES, ALEJANDRO  
**Address:** 1090 SMOKE TREE CT  
**City-St-Zip:** WESTON, FL 33326

**Title:** MGR  
**Name:** VALLADARES, EDUARDO  
**Address:** 1090 SMOKE TREE CT  
**City-St-Zip:** WESTON, FL 33326

**Title:** MGR  
**Name:** VALLADARES, NERINA  
**Address:** 1090 SMOKE TREE CT  
**City-St-Zip:** WESTON, FL 33326

**Title:** MGR  
**Name:** VALLADARES, ZULAY  
**Address:** 1090 SMOKE TREE CT  
**City-St-Zip:** WESTON, FL 33326

**Title:** MGRM  
**Name:** ILUMEDICA INSUMOS Y SERVICIOS CA  
**Address:** AVELA FACULTAD EDF PARAPARA OFC 3  
**City-St-Zip:** CARACAS, VZ 1007

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:** ALEJANDRO VALLADARES

MGR

08/18/2011

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