

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000047516

Entity Name: MEDISCRUBZ LLC

**FILED**  
**Apr 01, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

3069 ANDERSON SNOW ROAD  
PMB167  
SPRING HILL, FL 34609

**New Principal Place of Business:**

13076 CORTEZ BLVD  
BROOKSVILLE, FL 34613

**Current Mailing Address:**

3069 ANDERSON SNOW ROAD  
PMB167  
SPRING HILL, FL 34609

**New Mailing Address:**

FEI Number: 61-1646478

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JONES, BRUNO D  
2490 AMBASSADOR AVENUE  
SPRING HILL, FL 34609 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: JONES, BRUNO D  
Address: 2490 AMBASSADOR AVENUE  
City-St-Zip: SPRING HILL, FL 34609

Title: MGR  
Name: JONES, CHRISTINA L  
Address: 2490 AMBASSADOR AVENUE  
City-St-Zip: SPRING HILL, FL 34609

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: BRUNO D JONES

MGRM

04/01/2012

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