

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L96000000917

FILED
Apr 08, 2009
Secretary of State

Entity Name: REHAMED INTERNATIONAL, L.L.C.

Current Principal Place of Business:

522 WEST MOWRY DRIVE
HOMESTEAD, FL 33030

New Principal Place of Business:

Current Mailing Address:

522 WEST MOWRY DRIVE
HOMESTEAD, FL 33030

New Mailing Address:

FEI Number: 65-0714760

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CADEN, JOHN J
522 WEST MOWRY DRIVE
HOMESTEAD, FL 33030 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 () Delete
Name: CADEN, JOHN
Address: 14008 SW 140 ST
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CADEN, JOHN
Address: 144 SEVERINO DR.
City-St-Zip: ISLAMORADA, FL 33036

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: JOHN CADEN

MGRM

04/08/2009

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