2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000021597

Entity Name: BSN MEDICAL LATIN AMERICA LLC

Current Principal Place of Business:

20283 STATE ROAD 7 SUITE 300

BOCA RATON, FL 33498

Current Mailing Address:

20283 STATE ROAD 7 SUITE 300

BOCA RATON, FL 33498

FEI Number: 06-1646305 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MENDIVE & GARCIA, LLC 250 CATALONIA AVENUE SUITE 705

CORAL GABLES, FL 33134 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: ANGEL P GARCIA, MANAGER 01/25/2018

> Date Electronic Signature of Registered Agent

Authorized Person(s) Detail:

Title **MANAGER** Title MANAGER

Name VIDAL, LUIS C Name USECHE, SAULO

AV. KENNEDY 5735, ED. MARRIOTT AVE. FRANCISCO DE MIRANDA, ESQ. Address Address

TORRE PONIENTE OF. 1401, PISO 14 CON AV. EL PARQUE

TOREE COUNTRY CLUB PISO 5 City-State-Zip: LAS CONDES SANTIAGO CHACAO

City-State-Zip: CARACAS 1060 Title CHAIRMAN, MANAGER

Name OPPITZ, NORBERT Title **MANAGER**

Address BLVD. ADOLFO LOPEZ MATEOS NO. Name CARPINELLI, JOSEPH

276 COL. ALTAVISTA DEL. ALVARO Address 5825 CARNEGIE BLVD.

OBREGON City-State-Zip: CHARLOTTE NC 28209

City-State-Zip: MEXICO D.F. 01060

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

01/25/2018 SIGNATURE: LUIS C VIDAL **MANAGER**

FILED Jan 25, 2018

Secretary of State

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