

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000073483

Entity Name: FORSURE MEDICAL PRODUCTS LLC

Current Principal Place of Business:

1301 NW 78TH AVE.
DORAL, FL 33126

Current Mailing Address:

1301 NW 78TH AVE.
DORAL, FL 33126

FEI Number: 20-2256489

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ARIAS, IVETTE
1301 NW 78TH AVE.
DORAL, FL 33126 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: IVETTE ARIAS

04/29/2015

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name ARIAS, IVETTE
Address 1301 NW 78 AVENUE
City-State-Zip: MIAMI FL 33126

Title MGR
Name ARIAS, LUIS JR
Address 1301 NW 78TH AVE.
City-State-Zip: DORAL FL 33126

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.

SIGNATURE: IVETTE ARIAS

REGISTERED AGENT

04/29/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date