

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000028163

**Entity Name:** MD LLC

**Current Principal Place of Business:**

465 OCEAN DRIVE  
APT 722  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

465 OCEAN DRIVE  
APT 722  
MIAMI BEACH, FL 33139

**FEI Number:** 20-2534556

**Certificate of Status Desired:** No

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

INTERNATIONAL CORPORATE SERVICE INC.  
2600 S DOUGLAS ROAD  
SUITE 1000  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGRM  
Name NOBILE, CLAUDIO M  
Address 465 OCEAN DRIVE APT 722  
City-State-Zip: MIAMI BEACH FL 33139

Title MGRM  
Name FELDMANN, DENISE  
Address 465 OCEAN DRIVE APT 722  
City-State-Zip: MIAMI BEACH FL 33139

*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:** CLAUDIO NOBILE

MGR

03/31/2014

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date