

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000095095

Entity Name: COLDPAX MEDICAL, LLC

Current Principal Place of Business:

20533 BISCAYNE BLVD.
408
AVENTURA, FL 33180

Current Mailing Address:

20533 BISCAYNE BLVD.
408
AVENTURA, FL 33180 US

FEI Number: 80-0277570

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

AUSPITZ, RICHARD CEO
3500 MYSTIC POINTE
3404
AVENTURA, FL 33180 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	CEO	Title	PRES
Name	RICHARD, AUSPITZ P	Name	BORIS, VERTSBERGER
Address	3500 MYSTIC POINTE	Address	2221 E. 59 PL
City-State-Zip:	AVENTURA FL 33180	City-State-Zip:	BROOKLYN NY 11234

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: RICHARD AUSPITZ

CEO

02/23/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date