## 2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000081973

Entity Name: MIS KENDALE LAKES, LLC

**Current Principal Place of Business:** 

12821 N. KENDALL DRIVE MIAMI, FL 33168

**Current Mailing Address:** 

PO BOX 18685

SARASOTA, FL 34276 US

FEI Number: 27-3273148 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MEDICAL INNOVATION SOLUTIONS, LLC 50 CENTRAL AVE SUITE 110 SARASOTA, FL 34236 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

FILED Apr 04, 2013

**Secretary of State** 

CC0190191412

## Authorized Person(s) Detail:

Title MGRM

Name MEDICAL INNOVATION SOLUTIONS,

LLC

Address PO BOX 18685

City-State-Zip: SARASOTA FL 34276

SIGNATURE: MATTHEW P MORRIS

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**MGRM** 

Electronic Signature of Signing Authorized Person(s) Detail

04/04/2013 Date