## 2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000055757

Entity Name: MEDISKY LLC

**Current Principal Place of Business:** 

324 W. MORSE BLVD. WINTER PARK, FL 32789

**Current Mailing Address:** 

324 W. MORSE BLVD.

WINTER PARK, FL 32789 US

FEI Number: 45-2182953

Name and Address of Current Registered Agent:

VOSE, WADE C 324 W. MORSE BLVD. WINTER PARK, FL 32789 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** May 22, 2013

**Secretary of State** 

CC4869207754

Certificate of Status Desired: No

Authorized Person(s) Detail:

Title MGRM

Title **MGRM** 

DEMKO, JOSEPH GJR Name DEMKO, CHRISTOPHER J Name 6300 PARC CORNICHE DR Address 6300 PARC CORNICHE DR Address

City-State-Zip: ORLANDO FL 32821 ORLANDO FL 32821 City-State-Zip:

Title **MGRM** Title **MGRM** 

Name VOSE, WADE C Name CONEMAC, CHRIS Address 324 W. MORSE BLVD Address 12029 CITRUSWOOD DR WINTER PARK FL 32789 City-State-Zip: City-State-Zip: ORLANDO FL 32832

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.

SIGNATURE: WADE C. VOSE

Electronic Signature of Signing Authorized Person(s) Detail

MANAGING MEMBER

05/22/2013