

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000102098

**Entity Name:** MFD, LLC

**Current Principal Place of Business:**

2417 N UNIVERSITY DRIVE  
CORALSPRINGS, FL 33065

**Current Mailing Address:**

2417 N UNIVERSITY DRIVE  
CORALSPRINGS, FL 33065 US

**FEI Number:** 82-1217013

**Certificate of Status Desired:** No

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

GOLDMAN, BRUCE J  
11042 PARADELA STREET  
CORAL GABLES, FL 33156 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 MGR  
Name RAMIREZ, EDUARDO  
Address 2417 N UNIVERSITY DRIVE  
City-State-Zip: CORALSPRINGS FL 33065

*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:** EDUARDO RAMIREZ

**MANAGER**

**03/27/2018**

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

\_\_\_\_\_  
Date