

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000200399

**Entity Name:** MEDARI SIBLINGS LLC

**Current Principal Place of Business:**

7820 NW 11 CT  
PEMBROKE PINES, FL 33024

**Current Mailing Address:**

7820 NW 11 CT  
PEMBROKE PINES, FL 33024 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

ARREAZA, JOSE M  
15800 PINES BLVD  
STE 315  
PEMBROKE PINES, FL 33027 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	Title	MGR
Name	MEDINA, ANGELA P	Name	MEDINA, JUAN N
Address	801 CORBETT AVE APT 20	Address	7820 NW 11 CT
City-State-Zip:	SAN FRANCISCO FL 94131	City-State-Zip:	PEMBROKE PINES FL 33024

*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:** JUAN N MEDINA

**MGR**

**04/27/2017**

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

\_\_\_\_\_  
Date