

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000252340

**Entity Name:** MD ISOLA, LLC

**Current Principal Place of Business:**

4400 NW 30TH ST APT 324  
COCONUT CREEK, FL 33066

**Current Mailing Address:**

4400 NW 30TH ST APT 324  
COCONUT CREEK, FL 33066 US

**FEI Number:** 84-3419975

**Certificate of Status Desired:** Yes

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

MORENO, PATRICIA E  
4400 NW 30TH ST  
324  
COCONUT CREEK, FL 33066 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:** PATRICIA E MORENO

06/25/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name MORENO DOUSDEBES, PATRICIA E  
Address 4400 NW 30TH ST APT 324  
City-State-Zip: COCONUT CREEK FL 33066

Title MGR  
Name MORENO DOUSDEBES, ROBERTO C  
Address 4400 NW 30TH ST APT 324  
City-State-Zip: COCONUT CREEK FL 33066

Title AUTHORIZED MEMBER  
Name VARGAS CORBACHO, PATRICIA  
Address 4400 NW 30TH ST  
324  
City-State-Zip: COCONUT CREEK FL 33066

*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:** PATRICIA E MORENO DOUSDEBES

MGR MBR

06/25/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date