## 2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000002963

Entity Name: FAYE MEDICAL IMAGING, LLC

IN Name: FATE MEDICAL IMAGING, LL

**Current Principal Place of Business:** 

3601 W COMMERCIAL BLVD STE 20

FT LAUDERDALE, FL 33309-3334

**Current Mailing Address:** 

P O BOX 210153

ROYAL PALM BEACH, FL 33421-0153 US

FEI Number: NOT APPLICABLE Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JUMPING JAX TAX INC 1940 HARRISON ST STE 306 HOLLYWOOD, FL 33020-5082 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 01, 2014

**Secretary of State** 

CC1219972025

## Authorized Person(s) Detail:

Title MGR

Name TYNDALE, PETE

Address 4041 SAN MARINO BLVD UNIT 101
City-State-Zip: WEST PALM BEACH FL 33409-7229

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.

Electronic Signature of Signing Authorized Person(s) Detail