

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000028658

**Entity Name:** MED TRANS MEDICAL SUPPLIES, LLC

**Current Principal Place of Business:**

8225 NW 30 TERR  
MIAMI, FL 33122

**Current Mailing Address:**

8225 NW 30 TERR  
MIAMI, FL 33122 US

**FEI Number: 26-2244067**

**Certificate of Status Desired: Yes**

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

MORALES, CARLOS  
8225 NW 30 TERR  
MIAMI, FL 33122 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            MGRM  
Name            MORALES, CARLOS  
Address        8225 NW 30 TERR  
City-State-Zip: MIAMI FL 33122

*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: CARLOS MORALES**

**MANAGER**

**04/11/2014**

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

\_\_\_\_\_  
Date