

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000007979

**Entity Name:** FLASH MED SUPPLY, LLC

**Current Principal Place of Business:**

780 NW 42ND AVE.  
SUITE 3  
MIAMI, FL 33126

**Current Mailing Address:**

780 NW 42ND AVE.  
SUITE 3  
MIAMI, FL 33126 US

**FEI Number:** 46-1960006

**Certificate of Status Desired:** No

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

CORDERO & ASSOCIATES, P.A.  
200 S. BISCAYNE BLVD.  
SUITE # 4650  
MIAMI, FL 33131 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 QUIROGA, SILVIA A  
Address 780 NW 42ND AVE.  
SUITE 3  
City-State-Zip: MIAMI FL 33126

*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:** SILVIA QUIROGA

**MANAGER**

**01/14/2017**

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

\_\_\_\_\_  
Date