

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000061397

**Entity Name:** DJ MEDICAL SUPPLY, LLC

**Current Principal Place of Business:**

6965 PIAZZA GRANDE AVENUE  
SUITE #308  
ORLANDO, FL 32835

**Current Mailing Address:**

6965 PIAZZA GRANDE AVENUE  
SUITE #308  
ORLANDO, FL 32835 US

**FEI Number:** 47-3662024

**Certificate of Status Desired:** No

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

PINTO, GIULIANO F  
2131 MORRILTON CT  
ORLANDO, FL 32837 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	AMBR	Title	AMBR
Name	PINTO, GIULIANO	Name	DILLY, ITAYLHEANDREIA
Address	2131 MORRILTON CT	Address	2131 MORRILTON CT
City-State-Zip:	ORLANDO FL 32837	City-State-Zip:	ORLANDO FL 32837

*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:** GIULIANO FRANKLIN PINTO

**PSDT**

**04/30/2019**

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

\_\_\_\_\_  
Date