

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000164463

**Entity Name:** SHORELINE MEDICAL SOLUTIONS, LLC

**Current Principal Place of Business:**

405 W OAK AVENUE  
PANAMA CITY, FL 32401

**Current Mailing Address:**

405 W OAK AVENUE  
PANAMA CITY, FL 32401 US

**FEI Number:** 47-5081512

**Certificate of Status Desired:** Yes

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

TRONG, DENYSE  
200 LANNIE ROWE DRIVE  
PANAMA CITY, FL 32404 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            PRESIDENT  
Name            TRONG, DENYSE  
Address        200 LANNIE ROWE DRIVE  
City-State-Zip: PANAMA CITY FL 32404

Title            MGR  
Name            BOYER, SCOTT  
Address        412 MOWAT SCHOOL ROAD  
City-State-Zip: LYNN HAVEN FL 32444

*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:** DENYSE M TRONG

**PRESIDENT**

**01/28/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date