

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000181740

Entity Name: 3 SISTERS MEDICAL & DENTAL SUPPLIES LLC

Current Principal Place of Business:

1148 BELLA VISTA CIRCLE
LONGWOOD, FL 32779

Current Mailing Address:

1148 BELLA VISTA CIRCLE
LONGWOOD, FL 32779 US

FEI Number: 47-5424059

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MOORE, BIANCA A
1148 BELLA VISTA CIRCLE
LONGWOOD, FL 32779 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
Name MOORE, BIANCA A
Address 1148 BELLA VISTA CIRCLE
City-State-Zip: LONGWOOD FL 32779

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: BIANCA A MOORE

OWNER

04/30/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date