## 2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000192639

**Entity Name: DRAGON MEDICAL SUPPLY LLC** 

**Current Principal Place of Business:** 

8430 SW 40ST MIAMI, FL 33155

**Current Mailing Address:** 

P.O.BOX 44-1249 MIAMI, FL 33144 US

FEI Number: NOT APPLICABLE Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ESCALANTE BAUTISTA, DIOSOMINA 8430 SW 40 ST MIAMI, FL 33155 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: ESCALANTE BAUTISTA, DIOSOMINA 02/03/2020

Electronic Signature of Registered Agent

Date

FILED Feb 03, 2020

**Secretary of State** 

9000847193CC

Authorized Person(s) Detail:

Title MGR Title S

Name ESCALANTE, DIOSOMINA Name ESCALANTE, DIOSOMINA

 Address
 8430 SW 40 ST
 Address
 8430 SW 40 ST

 City-State-Zip:
 MIAMI FL 33155
 City-State-Zip: MIAMI FL 33155

Title MGR Title T

 Name
 COVARRUBIA, IBIS
 Name
 COVARRUBIA, IBIS

 Address
 8430 SW 40 ST
 Address
 8430 SW 40 ST

 City-State-Zip:
 MIAMI FL 33155
 City-State-Zip:
 MIAMI FL 33155

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.

**MGR** 

Electronic Signature of Signing Authorized Person(s) Detail