

**2019 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

03/11/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name ESCALANTE, DIOSOMINA  
Address 8430 SW 40 ST  
City-State-Zip: MIAMI FL 33155

Title S  
Name ESCALANTE, DIOSOMINA  
Address 8430 SW 40 ST  
City-State-Zip: MIAMI FL 33155

Title MGR  
Name COVARRUBIA, IBIS  
Address 8430 SW 40 ST  
City-State-Zip: MIAMI FL 33155

Title T  
Name COVARRUBIA, IBIS  
Address 8430 SW 40 ST  
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.*

**SIGNATURE:** ESCALANTE BAUTISTA, DIOSOMINA

MGR

03/11/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date