

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000210093

**Entity Name:** ACME MEDICAL SUPPLY, L.L.C.

**Current Principal Place of Business:**

310 HAWK TALON DR  
LITHIA, FL 33547

**Current Mailing Address:**

310 HAWK TALON DR  
LITHIA, FL 33547 US

**FEI Number:** 81-0988863

**Certificate of Status Desired:** No

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

HOFFMAN, DAVID  
310 HAWK TALON DR  
LITHIA, FL 33547 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:** DAVID HOFFMAN

01/15/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            OWNER  
Name            HOFFMAN, DAVID  
Address        310 HAWK TALON DR  
City-State-Zip: LITHIA FL 33547

*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:** DAVID LAWRENCE HOFFMAN

OWNER

01/15/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date