

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000023370

Entity Name: SWFL MEDICAL SUPPLIES LLC

Current Principal Place of Business:

12995 S. CLEVELAND AVE
209
FORT MYERS, FL 33907

Current Mailing Address:

12995 S. CLEVELAND AVE
209
FORT MYERS, FL 33907 US

FEI Number: 81-1375033

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KHALIL, MALEK M
12995 S. CLEVELAND AVE
209
FORT MAYERS, FL 33907 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 MGR
Name KHALIL, MALEK M
Address 12995 S. CLEVELAND AVE
City-State-Zip: FORT MYERS FL 33907

Title MGR
Name VINNITSKAYA, FRIDA
Address 12995 S. CLEVELAND AVE
City-State-Zip: FORT MYERS FL 33907

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: MALEK KHALIL

PARTNER

06/08/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date