

**2019 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:** Yes

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

KHALIL, MALEK M  
12995 S. CLEVELAND AVE  
SUITE 209  
FORT MYERS, 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

*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

MGR

04/05/2019

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date