

2024 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:

235 APOLLO BEACH BLVD
203
APOLLO BEACH , FL 33472 US

FEI Number: 81-1375033

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KHALIL, MALEK
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: MALEK KHALIL

01/31/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name KHALIL, MALEK
Address 6910 PARKSTRAND DRIVE
City-State-Zip: APOLLO BEACH FL 33572

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

MANAGER

01/31/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date