

**2023 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:**

AYAAD, ALI  
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:** ALI AYAAD

09/22/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name AYAAD, ALI  
Address 10317 VIA COLOMBA  
City-State-Zip: FORT MYERS FL 33966

*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:** AYAAD , ALI

MGR

09/22/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date