

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000232194

**Entity Name:** SN DME, LLC

**Current Principal Place of Business:**

3313 W COMMERCIAL BLVD SUITE 130  
FT LAUDERDALE, FL 33309

**Current Mailing Address:**

3313 W COMMERCIAL BLVD SUITE 130  
FT LAUDERDALE, FL 33309 US

**FEI Number:** 32-0518039

**Certificate of Status Desired:** No

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

WECHTER, CLAUDIA  
3313 W COMMERCIAL BLVD SUITE 130  
FT LAUDERDALE, FL 33309 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, CEO	Title	MGR, PRESIDENT
Name	LOFFREDO, GARY R	Name	WECHTER, CLAUDIA
Address	3313 W COMMERCIAL BLVD SUITE 130	Address	3313 W COMMERCIAL BLVD SUITE 130
City-State-Zip:	FT LAUDERDALE FL 33309	City-State-Zip:	FT LAUDERDALE FL 33309

*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:** GARY R LOFFREDO

**CEO**

**04/17/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date