

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000047705

Entity Name: PRIMARY CHOICE MEDICAL SUPPLIES LLC

Current Principal Place of Business:

331 W. CENTRAL AVE
242
WINTER HAVEN, FL 33880

Current Mailing Address:

331 W. CENTRAL AVE
242
WINTER HAVEN, FL 33880 US

FEI Number: 82-0681883

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGISTERED AGENTS INC.
7901 4TH ST N
STE 300
ST PETERSBURG, FL 33702 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 CAMUS, SHANE P
Address 7549 NW 117 LN
City-State-Zip: PARKLAND FL 33076

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: SHANE CAMUS

MGR

04/23/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date