

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000049700

Entity Name: SHORELINE MEDICAL SOLUTIONS & DME, LLC

Current Principal Place of Business:

405 W OAK AVENUE
SUITE B
PANAMA CITY, FL 32401

Current Mailing Address:

405 W OAK AVENUE
SUITE B
PANAMA CITY, FL 32401 US

FEI Number: 82-0762488

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

TRONG, DENYSE M
200 LANNIE ROWE DR
PANAMA CITY, FL 32404 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	Title	PRESIDENT
Name	BOYER, SCOTT K	Name	TRONG, DENYSE M
Address	412 MOWAT SCHOOL RD	Address	200 LANNIE ROWE DRIVE
City-State-Zip:	LYNN HAVEN FL 32444	City-State-Zip:	PANAMA CITY FL 32404

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: DENYSE M TRONG

PRESIDENT

01/28/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date