

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000055331

**Entity Name:** K & D MEDICAL SUPPLIES, FLORIDA, LLC

**Current Principal Place of Business:**

3055 BARONNE ST  
PENSACOLA, FL 32526

**Current Mailing Address:**

3055 BARONNE ST  
PENSACOLA, FL 32526

**FEI Number:** 81-0725403

**Certificate of Status Desired:** Yes

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

BAKER, STEVEN J  
15 W. LA RUA ST.  
PENSACOLA, FL 32501 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	AMBR
Name	WILSON, KELLI M	Name	WILSON, NATHAN D
Address	3055 BARONNE ST	Address	19495 STEWART ST
City-State-Zip:	PENSACOLA FL 32526	City-State-Zip:	SAUCIER MS 39574

*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:** KELLI WILSON

**OWNER**

**04/04/2018**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date