

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000135984

**Entity Name:** A JOHNSON MEDICAL SALES LLC

**Current Principal Place of Business:**

851 NW 24TH CT #103  
OCALA, FL 34471

**Current Mailing Address:**

851 NW 24TH CT #103  
OCALA, FL 34471 US

**FEI Number:** 27-4728988

**Certificate of Status Desired:** No

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

KUSE, JARROD  
5101 SW 60TH ST  
OCALA, FL 34474 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	JOHNSON, AARON	Name	SLOAN-JOHNSON, BETH A
Address	4080 SE 44TH ST	Address	4080 SE 44TH ST
City-State-Zip:	OCALA FL 34480	City-State-Zip:	OCALA FL 34480

*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:** AARON JOHNSON

**PRESIDENT**

**01/29/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date