

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000230675

Entity Name: MY TOWN MEDICAL SUPPLIES LLC

Current Principal Place of Business:

10 SOUTH NEW RIVER DRIVE EAST
SUITE 105
FORT LAUDERDALE, FL 33301

Current Mailing Address:

10 SOUTH NEW RIVER DRIVE EAST
SUITE 105
FORT LAUDERDALE, FL 33301 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BALMACEDA RAMIREZ, NORBELIS
10 SOUTH NEW RIVER DRIVE EAST
SUITE 105
FORT LAUDERDALE, FL 33301 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: NORBELIS BALMACEDA RAMIREZ

02/03/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name ANDROS RODRIGUEZ CAPOTE
Address 10 SOUTH NEW RIVER DRIVE EAST
SUITE 105
City-State-Zip: FORT LAUDERDALE FL 33301

Title AUTHORIZED MEMBER
Name BALMACEDA RAMIREZ, NORBELIS
Address 10 SOUTH NEW RIVER DRIVE EAST
SUITE 105
City-State-Zip: FORT LAUDERDALE FL 33301

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: NORBELIS BALMACEDA RAMIREZ

AMBR

02/03/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date