

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000147030

Entity Name: AMERISOURCE MEDICAL EQUIPMENT AND SUPPLIES LLC

Current Principal Place of Business:

22589 NYACK AVE
PORT CHARLOTTE, FL 33952

Current Mailing Address:

22589 NYACK AVE
PORT CHARLOTTE, FL 33952

FEI Number: 84-2056143

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CAMPBELL, STEPHANIE
22589 NYACK AVE
PORT CHARLOTTE, FL 33952 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 CAMPBELL, STEPHANIE
Address 22589 NYACK AVE
City-State-Zip: PORT CHARLOTTE FL 33952

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: STEPHANIE CAMPBELL

OWNER

02/01/2021

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date