

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000185398

**Entity Name:** E-COM SUPPLY LLC

**Current Principal Place of Business:**

4437 PORT ARTHUR RD  
JACKSONVILLE, FL 32224

**Current Mailing Address:**

4437 PORT ARTHUR RD  
JACKSONVILLE, FL 32224

**FEI Number:** 84-4272515

**Certificate of Status Desired:** No

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

DEJOSEPH, GERARD  
8930 WESTERN WAY STE 110  
JACKSONVILLE, FL 32256 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:** GERARD DEJOSEPH

04/06/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name ONEIL, ROSE A  
Address 8930 WESTERN WAY STE 110  
City-State-Zip: JACKSONVILLE FL 32256

Title AR  
Name ONEIL, JASON M  
Address 4437 PORT ARTHUR RD  
City-State-Zip: JACKSONVILLE FL 32250

*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:** ROSE A ONEIL

MGR

04/06/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date