

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000011511

**Entity Name:** SMARTMEDSUPPLIES LLC

**Current Principal Place of Business:**

1130 CLEVELAND ST  
SUITE 284  
CLEARWATER, FL 33755

**Current Mailing Address:**

1130 CLEVELAND ST  
SUITE 284  
CLEARWATER, FL 33755 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

CRONK, JEFFREY A  
701 RICHARDS AVE  
CLEARWATER, FL 33755 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	MGR
Name	CRONK, JEFFREY	Name	MEHTA, HARESH
Address	701 RICHARDS AVENUE	Address	103 STONE VILLAGE DRIVE
City-State-Zip:	CLEARWATER FL 33755	City-State-Zip:	FORT MILL SC 29708

*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:** HARESH MEHTA

**MANAGER**

**01/04/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date