

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000093957

**Entity Name:** ACE MEDICAL SUPPLY LLC

**Current Principal Place of Business:**

10101 W SAMPLE RD  
STE 319  
CORAL SPRINGS, FL 33065

**Current Mailing Address:**

10101 W SAMPLE RD  
STE 319  
CORAL SPRINGS, FL 33065 US

**FEI Number:** 85-0595996

**Certificate of Status Desired:** No

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

PALUMBO, NICHOLAS  
1252 CLUB DR W  
APT C  
DELRAY BEACH, FL 33445 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:** NICHOLAS PALUMBO

03/03/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name PALUMBO, NICHOLAS  
Address 1252 CLUB DR W  
APT C  
City-State-Zip: DELRAY BEACH FL 33445

Title MGR/P  
Name VEIGA, CLAUDIA  
Address 2610 NE 18TH TERR  
UNIT A  
City-State-Zip: LIGHTHOUSE POINT FL 33064

*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:** NICHOLAS PALUMBO

**OWNER**

03/03/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date