

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000127746

Entity Name: HORIZONS MEDICAL SUPPLY, LLC

Current Principal Place of Business:

401 W LANTANA RD
SUITE 12
LANTANA, FL 33462

Current Mailing Address:

401 W LANTANA RD
SUITE 12
LANTANA, FL 33462 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COTHREN, THOMAS J
401 W LANTANA RD
SUITE 12
LANTANA, FL 33462 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 COTHREN, THOMAS J
Address 130 SUNSET RD
City-State-Zip: MONTROSE NY 10548

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: COTHREN, THOMAS J

MGR

02/14/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date