

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000337945

Entity Name: EMERALD COAST MEDICAL SUPPLY, LLC

Current Principal Place of Business:

220 OFFICE PLAZA DR.
STE. E
TALLAHASSEE, FL 32301

Current Mailing Address:

PO BOX 15711 TALLAHASSEE, FL 32317
TALLAHASSEE, FL 32317 US

FEI Number: 87-2078313

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GONZALEZ, DANIEL
1124 OCALA RD
APT B101
TALLAHASSEE, FL 32304 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 AMBR
Name GONZALEZ, DANIEL
Address 1124 OCALA RD, APT B101
City-State-Zip: TALLAHASSEE FL 32304

Title AMBR
Name PILLAY, SURINA
Address 2915 HUNTINGTON DR.
City-State-Zip: TALLAHASSEE FL 32308

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: SURINA PILLAY

AMBR

05/01/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date