

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000002430

FILED
Apr 12, 2011
Secretary of State

Entity Name: ACCESS DIABETIC SUPPLY, L.L.C.

Current Principal Place of Business:

1801 WEST SAMPLE RD
DEERFIELD BEACH, FL 33064 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 27626
RICHMOND, VA 23261 US

New Mailing Address:

FEI Number: 65-0987803

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REGISTERED AGENT SOLUTIONS, INC.
155 OFFICE PLAZA DRIVE
SUITE A
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: SMITH, CRAIG R
Address: 9120 LOCKWOOD BLVD
City-St-Zip: MECHANICSVILLE, VA 23116

Title: MGR
Name: BIERMAN, JAMES L
Address: 9120 LOCKWOOD BLVD
City-St-Zip: MECHANICSVILLE, VA 23116

Title: MGR
Name: WARGO, NATALIE
Address: 9120 LOCKWOOD BLVD
City-St-Zip: MECHANICSVILLE, VA 23116

Title: MGR
Name: DEN HARTOG, GRACE
Address: 9120 LOCKWOOD BLVD
City-St-Zip: MECHANICSVILLE, VA 23116

Title: MGR
Name: LOWRY, MIKE W
Address: 9120 LOCKWOOD BLVD
City-St-Zip: MECHANICSVILLE, VA 23116

Title: MGR
Name: LOWRY, MIKE W
Address: 9120 LOCKWOOD BLVD
City-St-Zip: MECHANICSVILLE, VA 23116

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: NATALIE WARGO

MGR

04/12/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date