2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# L03000034607

Entity Name: DISCOUNT DIABETIC SUPPLIES, LLC

Current Principal Place of Business:

400 SOUTH ATLANTIC AVENUE
SUITE 108
ORMOND BEACH, FL 32176 US

New Principal Place of Business:

Current Mailing Address:

400 SOUTH ATLANTIC AVENUE
SUITE 108
ORMOND BEACH, FL 32176 US

New Mailing Address:

FEI Number: 32-0094373 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HELLE, RANDY
400 SOUTH ATLANTIC AVENUE
SUITE 108
ORMOND BEACH, FL 32176 US

Name and Address of New Registered Agent:

HELLE, JANET
400 SOUTH ATLANTIC AVENUE
SUITE 108
ORMOND BEACH, FL 32176 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: JANET HELLE 01/14/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: HELLE, RANDALL R
Address: 1345 KILLBRICKEN CIRCLE
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: MGRM ( ) Delete
Name: HELLE, JANET
Address: 136 RIVERSIDE DRIVE
City-St-Zip: ORMOND BEACH, FL 32176 US

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: JANET HELLE MGRM 01/14/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date