

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 03, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000088860 1. Entity Name AAA MEDICAL SUPPLIES LLC					
Principal Place of Business 2100 45TH STREET SUITE B-22 WEST PALM BEACH FL 33407			Mailing Address 2100 45TH STREET SUITE -22 WEST PALM BEACH FL 33407		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-1981298	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK, INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS FL 33410				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
8. 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. I am familiar with, and accept the obligations of registered agent.				1st MOORE CR2E083 (10/05)	
SIGNATURE _____ Signature, typed or printed name of registered agent and title is applicable. (NOTE: Registered Agent signature required when remittance is)				DATE _____	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006				\$5.00 Additional Fee Required	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KLEINFELD, ROBERT 2100 45TH STREET SUITE B22 WEST PALM BEACH FL 33407	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000454318 03/15/06-80010-007 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Add		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Add		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Add		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Add		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Add		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 member or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #