

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 11, 2006 8:00 am
Secretary of State

07-11-2006 90118 046 ****50.00

DOCUMENT # L05000089776					
1. Entity Name AMERICAN'S MEDICAL SUPPLY, LLC					
Principal Place of Business 6968 NW 50 ST MIAMI, FL 33166			Mailing Address 6968 NW 50 STREET MIAMI, FL 33166		
2. Principal Place of Business 6968 NW 50 ST Suite, Apt. #, etc.		3. Mailing Address 6968 NW 50 ST Suite, Apt. #, etc.			
City & State MIAMI, FL		City & State MIAMI, FL		4. FE Number 20-3449436	
Zip 33166		Country MIAMI - DADE		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CRUZ CORDERO, ENRIQUE 6968 NW 50TH STREET MIAMI, FL 33166			7. Name and Address of New Registered Agent Name: ENRIQUE CRUZ CORDERO Street Address (P.O. Box Number is Not Acceptable): 6968 NW 50 ST City: MIAMI FL Zip Code 33166		
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.					
SIGNATURE <u>ENRIQUE CRUZ CORDERO</u>				07/03/06	
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
MR. LAST FIRST MIDDLE	MGR CRUZ CORDERO, ENRIQUE 6968 NW 50 ST MIAMI, FL 33166	☐ Delete	MR. LAST FIRST MIDDLE	☐ Change ☐ Addition	
MR. LAST FIRST MIDDLE		☐ Delete	MR. LAST FIRST MIDDLE	☐ Change ☐ Addition	
MR. LAST FIRST MIDDLE		☐ Delete	MR. LAST FIRST MIDDLE	☐ Change ☐ Addition	
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MR. LAST FIRST MIDDLE		☐ Delete	MR. LAST FIRST MIDDLE	☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information included 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 receiver or trustee empowered to execute this report as required by Chapter 609, Florida Statutes.					
SIGNATURE: <u>ENRIQUE CRUZ CORDERO</u>				07/03/06	
SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

305-418-8933