2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 05, 2008 08:00 A
Secretary of State

DOCUMENT # L06000052484

1. Entity Name
888 MEDICAL SUPPLIES, L.L.C.

Principal Place of Business	Mailing Address
15519 WEST US HWY 441 SUITE A102 EUSTIS, FL 32726	15519 WEST US HWY 441 SUITE A102 EUSTIS, FL 32726

DO NOT WRITE IN THIS SPACE

03012008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
20-5262215
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

TANG, HOWARD
2101 PREVATT ST
EUSTIS, FL 32726

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	TANG, STEVEN
STREET ADDRESS	2101 PREVATT STREET
CITY-ST-ZIP	EUSTIS, FL 32726
TITLE	MGRM
NAME	TANG, SIM K
STREET ADDRESS	2101 PREVATT STREET
CITY-ST-ZIP	EUSTIS, FL 32726
TITLE	MGRM
NAME	TANG, HOWARD
STREET ADDRESS	2101 PREVATT STREET
CITY-ST-ZIP	EUSTIS, FL 32726
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000848248
03/20/08-80009-022 138.75

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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 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Howard Tang 3/1/08 352-430-5009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #