

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000064774

**Entity Name:** FAMILY MEDICAL SUPPLIES OF VOLUSIA, LLC

**FILED**  
**Aug 26, 2010**  
**Secretary of State**

**FILING CANCELLED**  
**RETURNED CHECK**

**Current Principal Place of Business:**

35 PEBBLE BEACH DR  
PALM COAST, FL 32164

**New Principal Place of Business:**

35 HIGHBRIDGE ROAD  
FLAGLER BEACH, FL 32136

**Current Mailing Address:**

35 PEBBLE BEACH DR  
PALM COAST, FL 32164

**New Mailing Address:**

**FEI Number:** 65-1286751

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CARL, CHERYL  
35 PEBBLE BEACH DR  
PALM COAST, FL 32164 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: MRS.  
Name: CARL, CHERYL L  
Address: 35 PEBBLE BEACH DRIVE  
City-St-Zip: PALM COAST, FL 32164

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: CHERYL L CARL

PRES

08/26/2010

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