# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jan 07, 2008**
**Secretary of State**

DOCUMENT# L06000096028

**Entity Name:** SOUTH FLORIDA MEDICAL SUPPLIES LLC

**Current Principal Place of Business:**

1691 W 37 ST.
BAY #34
HIALEAH, FL 33012

**New Principal Place of Business:**

**Current Mailing Address:**

1691 W 37 ST.
BAY #34
HIALEAH, FL 33012

**New Mailing Address:**

**FEI Number: 20-5709849** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

HERRERA, OYBIN
8765 NW 110 ST.
HIALEAH GARDENS, FL 33018 US

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

RIVERO, MANUEL JR
8765 NW 110 ST.
HIALEAH GARDENS, FL 33018 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: MANUEL RIVERO 01/07/2008
Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete
Name: RIVERO, MANUEL JR.
Address: 8765 NW 110 ST.
City-St-Zip: HIALEAH GARDENS, FL 33018

Title: MGR ( ) Delete
Name: OYBIN, HERRERA
Address: 8765 NW 110 ST.
City-St-Zip: HIALEAH GARDENS, FL 33018

**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: MANUEL RIVER JR. MGR 01/07/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date