

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000096028

FILED
Jan 20, 2009
Secretary of State

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:

RIVERO, MANUEL JR
8765 NW 110 ST.
HIALEAH GARDENS, FL 33018 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: 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 RIVERO JR.

MGR

01/20/2009

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