

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000056245

FILED
Apr 22, 2009
Secretary of State

Entity Name: DEPENDABLE DIABETIC SUPPLY, LLC.

Current Principal Place of Business:

240 BLUE JUNIPER BLVD
B
VENICE, FL 34292

New Principal Place of Business:

Current Mailing Address:

240 BLUE JUNIPER BLVD
B
VENICE, FL 34292

New Mailing Address:

FEI Number: 80-0193971

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RHODES, WILLIAM A
4524 SWORDFISH DRIVE
BRADENTON, FL 34208 US

Name and Address of New Registered Agent:

RHODES, WILLIAM A
240 BLUE JUNIPER BLVD
VENICE, FL 34292 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: WILLIAM A RHODES

04/22/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RHODES, WILLIAM A
Address: 4524 SWORDFISH DRIVE
City-St-Zip: BRADENTON, FL 34208

Title: MGRM () Delete
Name: GULASH, JOSEPH A
Address: 711 HILLCREST DRIVE
City-St-Zip: BRADENTON, FL 34209

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: RHODES, WILLIAM A
Address: 240 BLUE JUNIPER BLVD.
City-St-Zip: VENICE, FL 34292

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: WILLIAM A RHODES

MGRM

04/22/2009

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