

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000095168

**FILED**  
**Jan 05, 2010**  
**Secretary of State**

**Entity Name:** ERO MEDICAL SUPPLIES LLC

**Current Principal Place of Business:**

2875 NE 191ST STREET  
SUITE 704  
AVENTURA, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

2875 NE 191ST STREET  
SUITE 704  
AVENTURA, FL 33180

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

MUCHNICK, MICHAEL  
2875 NE 191ST STREET  
SUITE 704  
AVENTURA, FL 33180 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: MGRM  
Name: MUCHNICK, MICHAEL  
Address: 2875 NE 191ST STREET SUITE 704  
City-St-Zip: AVENTURA, FL 33180

Title: MGRM  
Name: STEINER, JEFFREY  
Address: 2875 NE 191ST STREET SUITE 704  
City-St-Zip: AVENTURA, FL 33180

Title: MGRM  
Name: BARRIE, DOUGLAS  
Address: 2875 NE 191ST STREET SUITE 704  
City-St-Zip: AVENTURA, FL 33180

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: MICHAEL MUCHNICK                      MGR                      01/05/2010

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