

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000006971

FILED  
Mar 08, 2011  
Secretary of State

**Entity Name:** BOLD MEDICAL SUPPLIES, LLC

**Current Principal Place of Business:**

31 TURTLE CREEK DRIVE  
TEQUESTA, FL 33469

**New Principal Place of Business:**

12 PINETREE CIRCLE  
TEQUESTA, FL 33469

**Current Mailing Address:**

177 US HIGHWAY 1, STE. 278  
TEQUESTA, FL 334692737

**New Mailing Address:**

BOLD MEDICAL SUPPLIES LLC  
177 US HWY 1 STE278  
TEQUESTA, FL 33469

FEI Number: 27-1719018

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CAMPBELL, COLIN  
31 TURTLE CREEK DRIVE  
TEQUESTA, FL 33469 US

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

CAMPBELL, COLIN  
12 PINETREE CIRCLE  
TEQUESTA, FL 33469 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: COLIN CAMPBELL

03/08/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: CAMPBELL, COLIN  
Address: 12 PINETREE CIRCLE  
City-St-Zip: TEQUESTA, FL 33469

Title: MGRM  
Name: PITCHFORD, SCOTT  
Address: 31 SADDLEBACK ROAD  
City-St-Zip: TEQUESTA, FL 33469

Title: MGRM  
Name: WILLIAMS, PAUL  
Address: 15354 115TH AVENUE NORTH  
City-St-Zip: JUPITER, FL 33478

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: COLIN CAMPBELL

MGRM

03/08/2011

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