

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000030355

**Entity Name:** SHOPPER MARKETING MEDICS LLC**Current Principal Place of Business:**1235 LAGOON RD.  
TARPON SPRINGS, FL 34689**Current Mailing Address:**1235 LAGOON RD.  
TARPON SPRINGS, FL 34689 US**FEI Number:** 20-4543751**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HAJEK & HAJEK CPA PA  
5308 CENTRAL AVE  
ST PETERSBURG, FL 33707 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Authorized Person(s) Detail :**

|                 |                         |
|-----------------|-------------------------|
| Title           | MGR                     |
| Name            | STOCKWELL, BOB          |
| Address         | 1235 LAGOON RD          |
| City-State-Zip: | TARPON SPRINGS FL 34689 |

|                 |                         |
|-----------------|-------------------------|
| Title           | MGRM                    |
| Name            | LONG, SIENA             |
| Address         | 1235 LAGOON RD          |
| City-State-Zip: | TARPON SPRINGS FL 34689 |

|                 |                         |
|-----------------|-------------------------|
| Title           | CEOP                    |
| Name            | LONG, SIENA             |
| Address         | 1235 LAGOON RD          |
| City-State-Zip: | TARPON SPRINGS FL 34689 |

|                 |                         |
|-----------------|-------------------------|
| Title           | ST                      |
| Name            | STOCKWELL, ROBERT       |
| Address         | 1235 LAGOON RD          |
| City-State-Zip: | TARPON SPRINGS FL 34689 |

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SIENA LONG

MGRM

01/18/2018

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date