

2019 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: BOB STOCKWELL

MGR

02/15/2019

Electronic Signature of Signing Authorized Person(s) Detail_____
Date