

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000021223

Entity Name: WEST INTERNATIONAL MEDICAL SUPPLIES, LLC

Current Principal Place of Business:

4360 OAKES ROAD
SUITE 613
DAVIE, FL 33314

Current Mailing Address:

4360 OAKES ROAD
SUITE 613
DAVIE, FL 33314 US

FEI Number: 42-1757762

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 MANAGER
Name VON ELLING, CHRIS
Address 6A GALLOP ROAD, #04-04
City-State-Zip: GALLOP COURT 259010

Title MANAGER
Name IMBURGIO, JOSEPH M
Address 4360 OAKES ROAD
 SUITE 613
City-State-Zip: DAVIE FL 33314

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: CHRIS VON ELLING

MANAGER

04/20/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date