

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000026790

**Entity Name:** NASU MEDICAL SUPPLY LLC

**Current Principal Place of Business:**

806 BUCK STREET  
HALLANDALE, FL 33009

**Current Mailing Address:**

806 BUCK STREET  
HALLANDALE, FL 33009 US

**FEI Number:** 80-0897245

**Certificate of Status Desired:** No

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

PEDRO LUZQUINOS PA  
8670 TAFT ST  
PEMBROKE PINES, FL 33024 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:** PEDRO LUZQUINOS

04/25/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name GONZALEZ, OMAR A  
Address 806 BUCK STREET  
City-State-Zip: HALLANDALE FL 33009

Title MGRM  
Name GONZALEZ, LUIS F  
Address 806 BUCK STREET  
City-State-Zip: HALLANDALE FL 33009

*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:** GONZALEZ , OMAR A

AMBR

04/25/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date