

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000025515

Entity Name: REVOLUTIONARY MEDICAL SUPPLIES LLC

Current Principal Place of Business:

450 VAN PELT LANE
PENSACOLA, FL 32505

Current Mailing Address:

P. O. BOX 10038
PENSACOLA, FL 32524 US

FEI Number: 46-4808726

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HADDEN, BRENDA D
7465 OLD PALAFOX
PENSACOLA, FL 32503 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	Title	AMBR
Name	HADDEN, BRENDA D	Name	VAN-ALSTINE, KATHY
Address	7465 OLD PALAFOX	Address	16 PRESERVE COURT
City-State-Zip:	PENSACOLA FL 32503	City-State-Zip:	GULF SHORES AL 36542

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: BRENDA D HADDEN

MGR

04/30/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date