

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000103465

Entity Name: MEDICAL SUPPLY CONSULTANTS LLC

Current Principal Place of Business:

1300 S MIAMI AVE
MIAMI , FL 33130

Current Mailing Address:

PO BOX 40-3444
MIAMI BEACH, FL 33140

FEI Number: 85-0783340

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

OTERO, LAVINIA
1300 S MIAMI AVE
MIAMI , FL 33130 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 AMBR
Name LAVINIA OTERO P.A.
Address 1300 S MIAMI AVE
 APT 1507
City-State-Zip: MIAMI FL 33130

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: LAVINIA OTERO

AMBR

01/29/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date