

**2024 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L21000243569

**Entity Name:** AVENUE MEDICAL SUPPLY LLC

**Current Principal Place of Business:**

4699 N FEDERAL HWY  
209 N-O-P  
POMPANO BEACH, FL 33064

**Current Mailing Address:**

900 N OLIVE AVENUE  
WEST PALM BEACH, FL 33401 US

**FEI Number:** 87-1037118

**Certificate of Status Desired:** No

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

PERRY, JARRETT  
900 N OLIVE AVENUE  
WEST PALM BEACH, FL 33401 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:** PERRY JARRETT

05/31/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title P  
Name SOSCIA, BRUCE  
Address 4577 WILLOW RUN WAY  
City-State-Zip: LAKE WORTH FL 33467

*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:** SOSCIA , BRUCE

P

05/31/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date