

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000243569

Entity Name: AVENUE MEDICAL SUPPLY LLC

Current Principal Place of Business:

4699 NORTH FEDERAL HWY - STE. 209N-209P
POMPANO BEACH, FL 33064

Current Mailing Address:

4699 NORTH FEDERAL HWY - STE. 209N-209P
POMPANO BEACH, FL 33064 US

FEI Number: 87-1037118

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SOSCIA, BRUCE
4699 NORTH FEDERAL HWY - STE. 209N-209P
POMPANO BEACH, FL 33064 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
Name SOSCIA, BRUCE
Address 4699 NORTH FEDERAL HWY - STE.
209N-209P
City-State-Zip: POMPANO BEACH FL 33064

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: BRUCE SOSCIA

OWNER

04/02/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date