

2024 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L21000243569

Entity Name: AVENUE MEDICAL SUPPLY LLC

Current Principal Place of Business:

900 N OLIVE AVENUE
WEST PALM BEACH, FL 33401

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

05/29/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title A
Name PERRY, JARRETT
Address 900 N OLIVE AVENUE
City-State-Zip: WEST PALM BEACH FL 33401

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: PERRY , JARRETT

A

05/29/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date