

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000331663

Entity Name: NATURE COAST MEDICAL SUPPLIES LLC

Current Principal Place of Business:

2075 BRIGADIER DR.
SPRING HILL, FL 34608

Current Mailing Address:

9030 KIOWA DR.
NEW PORT RICHEY, FL 34654 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JONATHAN BOURNE
9030 KIOWA DR.
NEW PORT RICHEY, FL 34654 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 BOURNE, JONATHAN
Address 9030 KIOWA DR.
City-State-Zip: NEW PORT RICHEY FL 34654

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: BOURNE , JONATHAN

AMBR

04/18/2023

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date