

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000003825

Entity Name: THE WORKERS PHARMACY, LLC

Current Principal Place of Business:

6 ARAGON AVENUE
CORAL GABLES, FL 33134

Current Mailing Address:

P.O. BOX 21026
FT. LAUDERDALE, FL 33335 US

FEI Number: 32-1027955

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GILLIS, LESLIE
6 ARAGON AVE
CORAL GABLES, FL 33134 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: LESLIE GILLIS

04/23/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title D
Name GILLIS, LESLIE
Address 6 ARAGON AVENUE
City-State-Zip: CORAL GABLES FL 33134

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: LESLIE GILLIS

RA

04/23/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date