## 2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000066199

**Entity Name: PHARMPACC LLC** 

**Current Principal Place of Business:** 

135 SAN LORENZO AVE SUITE 730

CORAL GABLES, FL 33146

**Current Mailing Address:** 

135 SAN LORENZO AVE CORAL GABLES, FL 33146 US

FEI Number: 26-0483229 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DE MENDIA, CARLOS F 1120 S. ALHAMBRA CIRCLE CORAL GABLES, FL 33146 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

FILED Jan 09, 2021

**Secretary of State** 

4602352824CC

Authorized Person(s) Detail:

Title MGR Title MGRM

Name DE MENDIA, CARLOS F Name DE MENDIA, IRMA A

Address 1120 S. ALHAMBRA CIRCLE Address 1120 S. ALHAMBRA CIRCLE
City-State-Zip: CORAL GABLES FL 33146 City-State-Zip: CORAL GABLES FL 33146

Title MGRM Title MGRM

Name MENDIA, CARLOS G Name MENDIA, CRISTINA I

Address 14708 GOLDEN LEAF PLACE Address 6464 CABALLERO BLVD.

City-State-Zip: LOUISVILLE KY 40245 City-State-Zip: CORAL GABLES FL 33146

Title MGRM

Name MENDIA, IRMA M Address 9665 SW 69 CT City-State-Zip: MIAMI FL 33176

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: CRISTINA MENDIA BEAUPERTHUY

MANAGER

01/09/2021