

**2024 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  
SUITE 730  
CORAL GABLES, FL 33146 US

**FEI Number:** 26-0483229

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MENDIA, CARLOS G  
101 OCEAN LANE DRIVE  
APT 4017  
KEY BISCAYNE, FL 33149 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 DE MENDIA, CARLOS F  
Address 101 OCEAN LANE DRIVE  
APT 4017  
City-State-Zip: KEY BISCAYNE FL 33149

Title MGRM  
Name DE MENDIA, IRMA A  
Address 1120 S. ALHAMBRA CIRCLE  
City-State-Zip: CORAL GABLES FL 33146

Title MGRM  
Name MENDIA, CARLOS G  
Address 101 OCEAN LANE DRIVE  
APT 4017  
City-State-Zip: KEY BISCAYNE FL 33149

Title MGRM  
Name MENDIA, CRISTINA I  
Address 6464 CABALLERO BLVD.  
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:** CARLOS MENDIA

**MANAGER**

**01/12/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date