

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000034913

**Entity Name:** MEDICAL ARTS PHARMACY OF SARASOTA, LLC

**Current Principal Place of Business:**

4417 BEE RIDGE ROAD  
SARASOTA, FL 34233

**Current Mailing Address:**

4417 BEE RIDGE ROAD  
SARASOTA, FL 34233 US

**FEI Number:** 26-4713456

**Certificate of Status Desired:** No

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

LJ ASSOCIATES USA INC  
173 TALL TREES COURT  
SARASOTA, FL 34232 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:** JOHN BUTLER

02/06/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGRM	Title	MANAGER
Name	JOSEPH, RAUMI E	Name	JOSEPH, RAUMI E MR.
Address	4417 BEE RIDGE ROAD	Address	4417 BEE RIDGE ROAD
City-State-Zip:	SARASOTA FL 34233	City-State-Zip:	SARASOTA FL 34233

*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:** JOSEPH , RAUMI E

MGRM

02/06/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date