

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000077163

Entity Name: PHARMACY PARTNERS LLC

Current Principal Place of Business:

901 N CONGRESS AVE
STE B101
BOYNTON BEACH, FL 33426

Current Mailing Address:

901 N CONGRESS AVE
STE 101
BOYNTON BEACH, FL 33426 US

FEI Number: 27-0711389

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KELLEHER, CASEY
4019 PALM BAY CIRCLE
APT. A
WEST PALM BEACH, FL 33406 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 MGRM
Name REVOCABLE TRUST FBO FRED MARCON
Address 79 CHESTNUT STREET- STE 101
City-State-Zip: RIDGEWOOD NJ 07450

Title MGRM
Name KELLEHER, CASEY
Address 4019 PALM BAY CIRCLE APT. A
City-State-Zip: WEST PALM BEACH FL 33406

Title MGRM
Name HAGGERTY, WILLIAM J
Address 79 CHESTNUT STREET- STE 101
City-State-Zip: RIDGEWOOD NJ 07450

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: WILLIAM J HAGGERTY

MGRM

04/28/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date