

**2020 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000077163

**FILED**  
**Oct 05, 2020**  
**Secretary of State**  
**3181383081CR**

**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  
901 N CONGRESS AVE  
STE B101  
BOYNTON BEACH, FL 33426 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:** CASEY KELLEHER

10/05/2020

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 901 N CONGRESS AVE STE B101  
City-State-Zip: BOYNTON BEACH FL 33426

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:** CASEY KELLEHER

CEO

10/05/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date