

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000031816

Entity Name: PURE PHARMACY L.L.C

Current Principal Place of Business:

959 WEST AVE
SUITE # 16
MIAMI BEACH, FL 33139

Current Mailing Address:

959 WEST AVE
SUITE # 16
MIAMI BEACH, FL 33139 US

FEI Number: 27-2247481

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MIAL GROUP INC.
1200 W AVE #720
MIAMI BEACH, FL 33139 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 MIAL GROUP LLC
Address 1200 W AVE #720
City-State-Zip: MIAMI BEACH FL 33139

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: MISHAL ALSABBAGH

OWNER

05/01/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date