

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000158557

**Entity Name:** AMERICAN PHARMACOTHERAPY, LLC

**Current Principal Place of Business:**

2718 RIVER CREEK LANE  
ST. CLOUD, FL 34771

**Current Mailing Address:**

2718 RIVER CREEK LANE  
ST. CLOUD, FL 34771 US

**FEI Number: 46-1604748**

**Certificate of Status Desired: No**

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

MICHELE J. UPVALL FAMILY TRUST  
2718 RIVER CREEK LANE  
ST. CLOUD, FL 34771 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:** MICHELE UPVALL

01/28/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name UPVALL, MICHELE  
Address 2718 RIVER CREEK LANE  
City-State-Zip: ST. CLOUD FL 34771

Title MGR  
Name UPVALL, JULIE  
Address 9916 INTRODUCTION WAY  
City-State-Zip: ORLANDO FL 32832

Title MGR  
Name UPVALL, MICHELE  
Address 2718 RIVER CREEK LANE  
City-State-Zip: ST. CLOUD FL 34771

*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:** MICHELE UPVALL

CEO

01/28/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date