

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000033012

**Entity Name:** LEGACY PHARMACY OC LLC**Current Principal Place of Business:**2413 ENTERPRISE RD  
ORANGE CITY, FL 32763**Current Mailing Address:**2413 ENTERPRISE RD  
ORANGE CITY, FL 32763 US**FEI Number:** 46-2172325**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SMART, ASHISHKUMAR K  
320 ANCONA AVE  
DEBARY, FL 32713 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	SMART, ASHISHKUMAR K
Address	320 ANCONA AVE
City-State-Zip:	DEBARY FL 32713

Title	MGR
Name	SMART, DIPTI
Address	320 ANCONA AVENUE
City-State-Zip:	DEBARY FL 32713

Title	MGR
Name	RAMESH, NIMMALA
Address	13137 ALDERLEY DRIVE
City-State-Zip:	ORLANDO FL 32832

Title	MGR
Name	KAVYA, NIMMALA
Address	13137 ALDERLEY DRIVE
City-State-Zip:	ORLANDO FL 32832

*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:** ASHISHKUMAR K. SMART

MGRM

03/10/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date