

2021 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
2283 STONE CROSS CIRCLE
ORLANDO, FL 32828 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
Address 2283 STONE CROSS CIRCLE
City-State-Zip: ORLANDO FL 32828

Title MGR
Name SMART, DIPTIBEN
Address 2283 STONE CROSS CIRCLE
City-State-Zip: ORLANDO FL 32828

Title MGR
Name RAMESH, NIMMALA
Address 10484 HENBURY STREET
City-State-Zip: ORLANDO FL 32832

Title MGR
Name KAVYA, NIMMALA
Address 10484 HENBURY STREET
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 SMART

MGRM

01/28/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date