

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000168023

**Entity Name:** SHAFI PHARMACY, LLC

**Current Principal Place of Business:**

6447 LAKE WORTH RD.  
LAKE WORTH, FL 33414

**Current Mailing Address:**

6447 LAKE WORTH RD.  
LAKE WORTH, FL 33414

**FEI Number:** 46-4376405

**Certificate of Status Desired:** No

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

MITTENTHAL, JOSHUA M ESQ.  
3100 S. FEDERAL HWY.  
STE. B  
DELRAY BEACH, FL 33483 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 JAVED, MOHAMMAD T M.D.  
Address 6447 LAKE WORTH RD.  
City-State-Zip: LAKE WORTH FL 33414

*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:** MOHAMMAD JAVED \_\_\_\_\_

PRES

05/01/2018

Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date