

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000015982

Entity Name: ABSOLUTE PHARMACY LLC

Current Principal Place of Business:

16011 N NEBRASKA AVE
SUITE 103
LUTZ, FL 33549

Current Mailing Address:

16011 N NEBRASKA AVE
SUITE 103
LUTZ, FL 33549 US

FEI Number: 46-4667801

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DIXIT LAW FIRM, PA
3030 NORTH ROCKY POINT DRIVE WEST
SUITE 150
TAMPA, FL 33607 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 MANAGING MEMBER
Name DETTLAFF, KARLA
Address 16011 N NEBRASKA AVE
 SUITE 103
City-State-Zip: LUTZ FL 33549

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: KARLA DETTLAFF

MANAGING MEMBER

01/16/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date