

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000069673

**Entity Name:** PRESCRIPTION ASSISTANCE 123 LLC

**Current Principal Place of Business:**

6699 N FEDERAL HWY  
201  
BOCA RATON, FL 33487

**FILED**  
**Jan 02, 2019**  
**Secretary of State**  
**CC2214113191**

**Current Mailing Address:**

6699 N FEDERAL HWY  
201  
BOCA RATON, FL 33487 US

**FEI Number: 46-5531379**

**Certificate of Status Desired: No**

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

ARJE, JOSHUA  
6699 N FEDERAL HWY  
201  
BOCA RATON, FL 33487 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            CEO  
Name            JOSHUA, ARJE  
Address        6699 N FEDERAL HWY  
                  201  
City-State-Zip: BOCA RATON FL 33487

*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: JOSHUA ARJE**

**CEO**

**01/02/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date