

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000074526

Entity Name: MY PHARMACIST, LLC

Current Principal Place of Business:

19738 ROLLING RIDGE DRIVE
BROOKSVILLE, FL 34601

Current Mailing Address:

19738 ROLLING RIDGE DRIVE
BROOKSVILLE, FL 34601 US

FEI Number: 46-5619543

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BALDWIN, JASON O
19738 ROLLING RIDGE DRIVE
BROOKSVILLE, FL 34601 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 AMBR
Name BALDWIN, JASON O
Address 19738 ROLLING RIDGE DRIVE
City-State-Zip: BROOKSVILLE FL 34601

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: JASON BALDWIN

MANAGING PARTNER

06/10/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date