

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000009456

Entity Name: 4U PHARMACY, LLC

Current Principal Place of Business:

27725 OLD BONITA RD STE 104
BONITA SPRINGS, FL 34135

Current Mailing Address:

27725 OLD BONITA RD STE 104
BONITA SPRINGS, FL 34135 US

FEI Number: 81-4905340

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

OOMMEN, JULY S
3210 BERMUDA ISLE CIR #1219
NAPLES, FL 34109 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: JULY OOMMEN

03/09/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title PRESIDENT
Name OOMMEN, JULY S
Address 3210 BERMUDA ISLE CIR #1219
City-State-Zip: NAPLES FL 34109

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: JULY OOMMEN

PRESIDENT

03/09/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date