## 2021 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:

ABRAHAM, SAM 27725 OLD BONITA RD STE 104 BONITA SPRINGS, FL 34135 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: SAM ABRAHAM 03/03/2021

Electronic Signature of Registered Agent

Authorized Person(s) Detail:

Title PRESIDENT Title VP

Name ABRAHAM, SAM Name OOMMEN, JULY

Address 27725 OLD BONITA RD STE 104 Address 27725 OLD BONITA RD STE 104
City-State-Zip: BONITA SPRINGS FL 34135 City-State-Zip: BONITA SPRINGS FL 34135

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.

Electronic Signature of Signing Authorized Person(s) Detail

FILED Mar 03, 2021

**Secretary of State** 

7762919459CC

Date