

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000128883

**Entity Name:** A2Z PHARMACONSULTING, LLC

**Current Principal Place of Business:**

609 HALYARD LANE  
LONGBOAT KEY, FL 34228

**Current Mailing Address:**

P.O. BOX 8218  
LONGBOAT KEY, FL 34228 US

**FEI Number: 82-1909984**

**Certificate of Status Desired: No**

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

UNITED STATES CORPORATION AGENTS, INC.  
5575 S. SEMORAN BLVD  
SUITE 36  
ORLANDO, FL 32822 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 DROST, DAWN M  
Address 609 HALYARD LANE  
City-State-Zip: LONGBOAT KEY FL 34228

Title AMBR  
Name DROST, KENNETH P  
Address 609 HALYARD LANE  
City-State-Zip: LONGBOAT KEY FL 34228

Title MGR  
Name DROST, KENNETH P  
Address 609 HALYARD LANE  
City-State-Zip: LONGBOAT KEY FL 34228

*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: KENNETH DROST**

**PRESIDENT**

**02/02/2021**

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

\_\_\_\_\_  
Date