

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000194292

Entity Name: MT PHARMA, LLC**Current Principal Place of Business:**7862 TURNSTONE CIRCLE WEST
JACKSONVILLE, FL 32256**Current Mailing Address:**7862 TURNSTONE CIRCLE WEST
JACKSONVILLE, FL 32256 US**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PATEL, M
7862 TURNSTONE CIRCLE WEST
JACKSONVILLE, FL 32256 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:** MITESH PATEL

03/30/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

| | |
|-----------------|----------------------------|
| Title | AMBR |
| Name | PATEL, M |
| Address | 7862 TURNSTONE CIRCLE WEST |
| City-State-Zip: | JACKSONVILLE FL 32256 |

| | |
|-----------------|-----------------------|
| Title | AMBR |
| Name | PATEL, T |
| Address | 1269 LEITH HALL DRIVE |
| City-State-Zip: | SAINT JOHNS FL 32259 |

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: TEJAS PATEL

AMBR

03/30/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date