

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000167635

Entity Name: MALONE PHARMACY, GIFTS AND CAFE LLC

Current Principal Place of Business:

5404 10TH STREET
MALONE, FL 32445

Current Mailing Address:

P.O. BOX 94
MALONE, FL 32445 US

FEI Number: 83-1165932

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

REGISTERED AGENTS INC
7901 4TH STREET NORTH
SUITE 300
ST.PETERSBURG, FL 33702 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 JENNINGS, ROBERT JR.
Address 5404 10TH STREET
City-State-Zip: MALONE FL 32445

Title AMBR
Name JENNINGS, JENNIFER KELLY
Address P.O. BOX 94
City-State-Zip: MALONE FL 32445

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: ROBERT EUGENE JENNINGS

OWNER

04/29/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date