

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000194248

Entity Name: SOLACE CARE PHARMACY, LLC**Current Principal Place of Business:**2244 E IRLO BRONSON MEMORIAL HIGHWAY
SUITE K
KISSIMMEE, FL 34744**Current Mailing Address:**2244 E IRLO BRONSON MEMORIAL HIGHWAY
SUITE K
KISSIMMEE, FL 34744 US**FEI Number:** 83-1577077**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GANTA, ARAVIND
2244 E IRLO BRONSON MEMORIAL HIGHWAY
SUITE K
KISSIMMEE, FL 34744 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	MBR
Name	GANTA, ARAVIND
Address	2244 E IRLO BRONSON MEMORIAL HIGHWAY SUITE K
City-State-Zip:	KISSIMMEE FL 34744

Title	MBR
Name	PALADUGU, MAHESH
Address	2244 E IRLO BRONSON MEMORIAL HIGHWAY SUITE K
City-State-Zip:	KISSIMMEE FL 34744

Title	MBR
Name	NANNAPANENI, SUJANA
Address	2244 E IRLO BRONSON MEMORIAL HIGHWAY SUITE K
City-State-Zip:	KISSIMMEE FL 34744

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: GANTA, ARAVIND

MBR

01/22/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date