## 2021 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

## 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

## Authorized Person(s) Detail :

Authorized Ferson(s) Detail.			
Title	MBR	Title	MBR
Name	GANTA, ARAVIND	Name	PALADUGU, MAHESH
Address	2244 E IRLO BRONSON MEMORIAL HIGHWAY SUITE K	Address	2244 E IRLO BRONSON MEMORIAL HIGHWAY SUITE K
City-State-Zip:	KISSIMMEE FL 34744	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.

MBR

# SIGNATURE: ARAVIND GANTA

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No

Date