

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000222349

**Entity Name:** ALL MEDS RX LLC

**Current Principal Place of Business:**

272 SHADOW WAY  
MIAMI SPRINGS, FL 33166

**Current Mailing Address:**

272 SHADOW WAY  
MIAMI SPRINGS, FL 33166 US

**FEI Number:** 83-2085643

**Certificate of Status Desired:** No

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

BORELLI, DWIGHT  
272 SHADOW WAY  
MIAMI SPRINGS, FL 33166 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:** DWIGHT BORELLI

04/25/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            AMBR  
Name            BORELLI, DWIGHT  
Address        272 SHADOW WAY  
City-State-Zip: MIAMI SPRINGS FL 33166

*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:** DWIGHT A BORELLI

PRES,

04/25/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date