

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000283801

**Entity Name:** NO MORE PILLS, LLC**Current Principal Place of Business:**5944 CORAL RIDGE DRIVE  
SUITE 183  
CORAL SPRINGS, FL 33076**Current Mailing Address:**5944 CORAL RIDGE DRIVE  
SUITE 183  
CORAL SPRINGS, FL 33076**FEI Number:** 83-2830808**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ISLAMI, JAHAN S ESQ.  
200 S. BISCAYNE BLVD.  
SUITE 3000  
MIAMI, FL 33131 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	MGR
Name	CALEBRESE, JOHN
Address	5944 CORAL RIDGE DR, SUITE 183
City-State-Zip:	CORAL SPRINGS FL 33076

Title	MGR
Name	CUVET, PATRICK
Address	5944 CORAL RIDGE DRIVE SUITE 183
City-State-Zip:	CORAL SPRINGS FL 33076

Title	DIRECTOR
Name	LICA, STEVEN FRANCIS MMBR
Address	6238 NW 120TH DRIVE
City-State-Zip:	CORAL SPRINGS FL 33076

*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:** STEVEN F LICA**MANAGER****04/20/2022**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date