

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000289711

**FILED**  
**Jun 25, 2019**  
**Secretary of State**  
**1503925056CC**

**Entity Name:** RELIABLE PHARMACY SERVICES L.L.C.

**Current Principal Place of Business:**

8187 NW 107 TERRACE  
PARKLAND, FL 33076

**Current Mailing Address:**

8187 NW 107 TERRACE  
PARKLAND, FL 33076

**FEI Number:** 83-3056609

**Certificate of Status Desired:** No

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

VARGHESE, CHACKO  
8187 NW 107 TERRACE  
PARKLAND, FL 33076 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	P	Title	VP
Name	VARGHESE, CHACKO	Name	KHAYYAMI, SAEED
Address	8187 NW 107 TERRACE	Address	8023 NW 127 LANE
City-State-Zip:	PARKLAND FL 33076	City-State-Zip:	PARKLAND 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:** CHACKO VARGHESE

**PRESIDENT**

**06/25/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date