

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000012791

**Entity Name:** TAMPA PHARMA DIRECT, LLC

**Current Principal Place of Business:**

5944 107TH TERRACE NORTH  
PINELLAS PARK, FL 33782

**Current Mailing Address:**

5944 107TH TERRACE NORTH  
PINELLAS PARK, FL 33782 US

**FEI Number:** 83-3152783

**Certificate of Status Desired:** No

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

FRANK CHARLES MIRANDA, P.A.  
3226 W. CYPRESS ST.  
TAMPA, FL 33607 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 AMBR  
Name MACLAREN, CHRISTOPHER  
Address 6918 GUNN HWY SUITE C  
City-State-Zip: TAMPA FL 33625

Title AMBR  
Name WILLIAMS, BRIAN R  
Address 6918 GUNN HWY SUITE C  
City-State-Zip: TAMPA FL 33625

Title AMBR  
Name GRAY, RICHARD  
Address 6918 GUNN HWY SUITE C  
City-State-Zip: TAMPA FL 33625

*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:** CHRISTOPHER MACLAREN

AMBR

04/28/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date