

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000223162

**Entity Name:** MS PHARMACEUTICAL CONSULTING, LLC

**Current Principal Place of Business:**

3635  
JULIUS ESTATES BLVD  
WINTER HAVEN, FL 33881

**Current Mailing Address:**

3635 JULIUS ESTATES BLVD  
JULIUS ESTATES BLVD  
WINTER HAVEN, FL 33881 US

**FEI Number:** 84-3060714

**Certificate of Status Desired:** No

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

SANTIAGO, MARIA E  
3635  
JULIUS ESTATES BLVD  
WINTER HAVEN, FL 33881 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 SANTIAGO, MARIA E  
Address 3635 JULIUS ESTATES BLVD  
City-State-Zip: WINTER HAVEN FL 33881

*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:** MARIA E SANTIAGO

MGR

03/03/2020

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date