

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000231728

Entity Name: ALL CARE PHARMACY, LLC

Current Principal Place of Business:

2676 LAKEBREEZE LN S
CLEARWATER, FL 33759

Current Mailing Address:

2676 LAKEBREEZE LN S
CLEARWATER, FL 33759 US

FEI Number: 84-3172433

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

HUYNH, NGHIA
2676 LAKBREEZE LN S
CLEARWATER, FL 33759 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 AUTHORIZED MEMBER, MANAGER
Name BUI, BRANDY
Address 2676 LAKEBREEZE LN S
City-State-Zip: CLEARWATER FL 33759

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: BRANDY BUI

MEMBER, MGR

05/02/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date