

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000095793

**Entity Name:** ALPHARMA & MEDICAL SUPPLIES LLC

**Current Principal Place of Business:**

6365 COLLINS AVENUE  
STE 4109  
MIAMI BEACH, FL 33141

**Current Mailing Address:**

6365 COLLINS AVENUE  
STE 4109  
MIAMI BEACH, FL 33141

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

MONTE, LOUELLA J  
6450 COLLINS AVE  
APT 1101  
MIAMI BEACH, FL 33141 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 MOAYERI, AMIR H  
Address 6365 COLLINS AVE APT 4109  
City-State-Zip: MIAMI BEACH FL 33141

Title MGR  
Name MONTE, LOUELLA J  
Address 6450 COLLINS AVE APT 1101  
City-State-Zip: MIAMI BEACH FL 33141

*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:** LOUELLA MONTE

MGR

03/16/2021

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

\_\_\_\_\_  
Date