

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000169932

**Entity Name:** JEPHARMACYCONSULTING, "L.L.C"

**Current Principal Place of Business:**

7039 IVY CROSSING LANE  
BOYNTON BEACH, FL 33436

**Current Mailing Address:**

7039 IVY CROSSING LANE  
BOYNTON BEACH, FL 33436

**FEI Number: 84-5169907**

**Certificate of Status Desired: No**

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

ESTRIPLET, JAMES  
7039 IVY CROSSING LANE  
BOYNTON BEACH, FL 33436 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 AP  
Name ESTRIPLET, JAMES  
Address 7039 IVY CROSSING LANE  
City-State-Zip: BOYNTON BEACH FL 33436

*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: JAMES ESTRIPLET**

**MANAGING MEMBER**

**04/10/2024**

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

\_\_\_\_\_  
Date