

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000272863

**Entity Name:** BUENO PHARMACY II, LLC

**Current Principal Place of Business:**

1205 S US HWY 17-92  
1239  
LONGWOOD, FL 32836

**Current Mailing Address:**

140 ROBERTA RD  
ORMAND BEACH, FL 32176 UN

**FEI Number:** 85-3023579

**Certificate of Status Desired:** No

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

DE JESUS, HECTOR M ESQ  
211 LIVE OAK ST  
NEW SMYRNA BEAC, FL 32168 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 MALDONADO, ANTHONY J  
Address 140 ROBERTA RD  
City-State-Zip: ORMAND BEACH FL 32176

Title AMBR  
Name MALDONADO-FELIZ, WENDY Y  
Address 140 ROBERTA RD  
City-State-Zip: ORMAND BEACH FL 32176

*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:** ANTHONY MALDONADO

PHARMACY MANAGER

06/07/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date