

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000119621

**Entity Name:** RDD PHARMACY LLC

**Current Principal Place of Business:**

3063 MICHIGAN AVENUE  
KISSIMMEE, FL 34744

**Current Mailing Address:**

3063 MICHIGAN AVENUE  
KISSIMMEE, FL 34744 US

**FEI Number:** 86-2304590

**Certificate of Status Desired:** No

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

SHAKIL, ALI  
3063 MICHIGAN AVENUE  
KISSIMMEE, FL 34744 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 SHAKIL, ALI  
Address 3063 MICHIGAN AVENUE  
City-State-Zip: KISSIMMEE FL 34744

*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:** ALI SHAKIL

MGR

03/08/2023

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

\_\_\_\_\_ Date