

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000412038

**Entity Name:** GESONDE APOTHECARY, LLC

**Current Principal Place of Business:**

3690 KIRKPATRICK CIR  
UNIT 8  
JACKSONVILLE, FL 32210

**Current Mailing Address:**

3690 KIRKPATRICK CIR  
UNIT 8  
JACKSONVILLE, FL 32210

**FEI Number:** 87-3284938

**Certificate of Status Desired:** No

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

JONES, JESSICA M  
3690 KIRKPATRICK CIR  
UNIT 8  
JACKSONVILLE, FL 32210 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 JONES, JESSICA M  
Address 3690 KIRKPATRICK CIR, UNIT 8  
City-State-Zip: JACKSONVILLE FL 32210

Title AP  
Name JONES, JAHNE' A  
Address 3690 KIRKPATRICK CIR, UNIT 8  
City-State-Zip: JACKSONVILLE FL 32210

*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:** JESSICA M. JONES

**MGR**

**04/03/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date