## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000481651

Entity Name: GO PHARMA LLC

**Current Principal Place of Business:** 

**FILED** Apr 30, 2024 **Secretary of State** 1623401462CC

2602 E.HALLANDALE BEACH BLVD.

R403

HALLANDALE BEACH, FL 33009

## **Current Mailing Address:**

2330 NE 211 ST MIAMI, FL 33180 US

FEI Number: 87-3877089 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

2330 NE 211 ST MIAMI, FL 33180 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: ENRICO MADIA 04/30/2024

> Date Electronic Signature of Registered Agent

## Authorized Person(s) Detail:

Title **MANAGER** 

ORLANDO, GUSTAVO A Name

Address 2330 NE 211 ST City-State-Zip: MIAMI FL 33180

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.

**MGR**