

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000203505

Entity Name: PHARMOSTAR RX

Current Principal Place of Business:

1401 N UNIVERSITY DR
CORAL SPRINGS, FL 33071

Current Mailing Address:

1401 N UNIVERSITY DR
CORAL SPRINGS, FL 33071 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

THE JONES COMPANY LLC
1401 N UNIVERSITY DR
CORAL SPRINGS, FL 33071 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 AUTHORIZED REPRESENTATIVE
Name JONES, JENELL DR
Address 1401 N UNIVERSITY DR
City-State-Zip: CORAL SPRINGS FL 33071

Title AUTHORIZED REPRESENTATIVE
Name JONES, JAYSON
Address 1401 N UNIVERSITY DR
City-State-Zip: CORAL SPRINGS FL 33071

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: DR. JENELL JONES

**AUTHORIZED
REPRESENTATIVE**

04/30/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date