

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000417379

Entity Name: MY MEDICAL STORE LLC

Current Principal Place of Business:

6770 INDIAN CREEK DR
APT 5 P
MIAMI, FL 33141

Current Mailing Address:

6770 INDIAN CREEK DR
APT 5 P
MIAMI, FL 33141 US

FEI Number: 32-0703215

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TAXFIVE LLC
4319 DOGWOOD CIRCLE
WESTON, FL 33331 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: CRISTIAN D NECHUTA

04/30/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	AMBR	Title	AMBR
Name	ECHEGARAY, RAMON T H J	Name	DEMASI, SANDRA V
Address	6770 INDIAN CREEK DR APT 5 P	Address	6770 INDIAN CREEK DR APT 5 P
City-State-Zip:	MIAMI FL 33141	City-State-Zip:	MIAMI FL 33141

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: ECHEGARAY , RAMON T H J

AUTHORIZED MEMBER

04/30/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date