

**2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED 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:**

REPUBLIC REGISTERED AGENT LLC  
1150 NW 72ND AVE TOWER I  
STE 455  
MIAMI, FL 33126 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:** WESLEY DOLAN

10/24/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

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

Title AMBR  
Name DEMASI, SANDRA V  
Address 6770 INDIAN CREEK DR APT 5 P  
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:** RAMON T H J ECHEGARAY

MEMBER

10/24/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date