

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000034655

Entity Name: RELIABLE PHARMACY SOLUTIONS, LLC

Current Principal Place of Business:

1030 BASIN DRIVE
DELRAY BEACH, FL 33483

Current Mailing Address:

7 OLD SHERMAN TURNPIKE
SUITE 207
DANBURY, CT 06810 US

FEI Number: 92-2031426

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BOOLBOL, ROBERT
1030 BASIN DRIVE
DELRAY BEACH, FL 33483 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 MBR
Name BOOLBOL, ROBERT
Address 1030 BASIN DRIVE
City-State-Zip: DELRAY BEACH FL 33483

Title MBR
Name LEVI, DAVID
Address 135 OLMSTEAD HILL ROAD
City-State-Zip: WILTON CT 06897

Title MBR
Name THOMASELLI, JAMES
Address 16507 CARAVAGGIO LOOP
City-State-Zip: MONTVERDE FL 34756

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: ROBERT BOOLBOL

MEMBER

03/07/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date