

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000405700

**Entity Name:** SPECIALTY PHARMACEUTICAL PRODUCTS LLC

**Current Principal Place of Business:**

32801 US HIGHWAY 441 N LOT 147  
OKEECHOBEE, FL 34972

**Current Mailing Address:**

32801 US HIGHWAY 441 N LOT 147  
OKEECHOBEE, FL 34972 US

**FEI Number:** 93-3132548

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

UNITED STATES CORPORATION AGENTS, INC.  
476 RIVERSIDE AVE.  
JACKSONVILLE, FL 32202 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            AMBR  
Name            HARLAND, RONALD S  
Address        32801 US HIGHWAY 441 N LOT 147  
City-State-Zip: OKEECHOBEE FL 34972

*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:** RONALD HARLAND

**PRESIDENT**

**03/16/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date