

2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M15000002527

Entity Name: INVERNESS APOTHECARY TRINITY LLC

Current Principal Place of Business:

24333 GORDON TERRY PARKWAY
SUITE B
TRINITY, AL 35673

Current Mailing Address:

24333 GORDON TERRY PARKWAY
SUITE B
TRINITY, AL 35673 US

FEI Number: 46-2894680

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

INCorp SERVICES INC
17888 67TH COURT N
LOXAHATCHEE, FL 33470 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 MANAGING MEMBER
Name SIMPSON, CHRIS
Address 24333 GORDON TERRY PARKWAY
 SUITE B
City-State-Zip: TRINITY AL 35673

Title MEMBER
Name SIMPSON, CHRIS
Address 24333 GORDON TERRY PARKWAY
 SUITE B
City-State-Zip: TRINITY AL 35673

Title COO / MEMBER
Name WAMBLE, ROBERT
Address 237 CAHABA VALLEY PARKWAY
City-State-Zip: PELHAM AL 35124

Title SR. DIRECTOR SALES AND
 MARKETING / MEMBER
Name WHITE, WILLIAM
Address 237 CAHABA VALLEY PARKWAY
City-State-Zip: PELHAM AL 35124

Title SR. DIRECTOR OF BLEEDING
 DISORDERS / MEMBER
Name VERNON, RENEE
Address 237 CAHABA VALLEY PARKWAY
City-State-Zip: PELHAM AL 35124

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: CHRIS SIMPSON

CEO/MANAGING MEMBER 04/02/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date