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 MGR 02/18/2018

DOCUMENT# M15000002527

2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

Authorized Person(s) Detail :

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

Electronic Signature of Signing Authorized Person(s) Detail

FILED Feb 18, 2018 Secretary of State CC9045724072

Certificate of Status Desired: No

Date

Date