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	05/01/2019

Electronic Signature of Signing Authorized Person(s) Detail

2019 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

#### 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

# FILED May 01, 2019 Secretary of State 0412650878CC

Certificate of Status Desired: No

Date

Date