

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M18000007496

**Entity Name:** PHARMACIRCLE, LLC.

**Current Principal Place of Business:**

323 SUNNY ISLES BLVD, STE 700  
SUNNY ISLES BEACH, FL 33160

**Current Mailing Address:**

3101 S OCEAN DR, APT 2908  
HOLLYWOOD, FL 33019 US

**FEI Number:** 06-1713373

**Certificate of Status Desired:** No

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

FILE FLORIDA CO.  
7021 UNIVERSITY BLVD  
WINTER PARK, FL 32792 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:** BRIAN DAVIS

01/24/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title P  
Name KARARLI, TUGRUL  
Address 3101 S OCEAN DR, APT 2908  
City-State-Zip: HOLLYWOOD FL 33019

*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:** KARARLI, TUGRUL

**PRESIDENT AND  
FOUNDER**

01/24/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date