

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M19000011446

**Entity Name:** AFA PHARMACY, LLC

**Current Principal Place of Business:**

8821 SAM HOUSTON PKWY  
STE 100  
MISSOURI CITY, TX 77489

**Current Mailing Address:**

8821 SAM HOUSTON PKWY  
STE 100  
MISSOURI CITY, TX 77489 US

**FEI Number:** 84-3692923

**Certificate of Status Desired:** No

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

COGENCY GLOBAL INC.  
155 N CALHOUN ST #4  
TALLAHASSEE, FL 32301 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            PRESIDENT, SECRETARY,  
                  TREASURER, MANAGER  
Name            KARAGAS, DEMETRI  
Address        82 NASSAU ST #61392  
City-State-Zip: NEW YORK NY 10038

Title            MBR  
Name            TM PHARMA HOLDINGS, LLC  
Address        82 NASSAU ST #61392  
City-State-Zip: NEW YORK NY 10038

Title            MGR, CEO  
Name            GUTENTAG, STEVEN  
Address        82 NASSAU ST #61392  
City-State-Zip: NEW YORK NY 10038

*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:** KARAGAS , DEMETRI

PRESIDENT,  
SECRETARY,  
TREASURER, MANAGER

05/01/2024

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

\_\_\_\_\_  
Date