

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M22000012853

Entity Name: RELIABLE HEALTHCARE LOGISTICS, LLC

Current Principal Place of Business:

4105 S. MENDENHALL RD.
MEMPHIS, TN 38115

Current Mailing Address:

4105 S. MENDENHALL RD.
MEMPHIS, TN 38115 US

FEI Number: 88-1175079

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGISTERED AGENT SERVICE IN FLORIDA
7901 4TH ST N
ST. PETERSBURG, FL 33702 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: LIZBETH ON BEHALF OF REGISTERED AGENT SERVICE IN FLORIDA **04/11/2023**
Electronic Signature of Registered Agent Date

Authorized Person(s) Detail :

Title MGR
Name KATTAWAR, MIKE
Address 4105 S. MENDENHALL RD.
City-State-Zip: MEMPHIS TN 38115

Title MBR
Name KATTAWAR, MIKE
Address 4105 S. MENDENHALL RD.
City-State-Zip: MEMPHIS TN 38115

Title AP
Name KATTAWAR, MIKE
Address 4105 S. MENDENHALL RD.
City-State-Zip: MEMPHIS TN 38115

Title AP
Name KATTAWAR, TYLER
Address 4105 S. MENDENHALL RD.
City-State-Zip: MEMPHIS TN 38115

Title AP
Name GERSTEIN, ROBERT
Address 951 CLINT MOORE RD., STE. A
City-State-Zip: BOCA RATON FL 33487

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: LIZBETH HERNANDES ON BEHALF OF TYLER **04/11/2023**
KATTAWAR **COMPLIANCE**
SPECIALIST
Electronic Signature of Signing Authorized Person(s) Detail Date