

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000031452

Entity Name: PROMISE PHARMACY, LLC

Current Principal Place of Business:

31818 US 19 N
PALM HARBOR, FL 34684

Current Mailing Address:

31818 US 19 N
PALM HARBOR, FL 34684 US

FEI Number: 20-4568262

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PATEL, DIPTI
31818 US 19 N
PALM HARBOR, FL 34684 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 AMBR
Name PATEL, DIPTI
Address 31818 US 19 N
City-State-Zip: PALM HARBOR FL 34684

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: DIPTI PATEL

OWNER

02/14/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date