

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000028523

**Entity Name:** ASSURED RX LLC

**Current Principal Place of Business:**

35595 US HWY 19 N  
# 848  
PALM HARBOR, FL 34684

**Current Mailing Address:**

13555 AUTOMOBILE BLVD.  
SUITE 230  
CLEARWATER, FL 33762 US

**FEI Number:** 26-2234498

**Certificate of Status Desired:** No

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

PATEL, NITESH  
35595 US HWY 19 N  
# 848  
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:** NITESH PATEL

02/20/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name PATEL, NITESH  
Address 35595 US HWY 19 N  
# 848  
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:** NITESH PATEL

MGR

02/20/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date