2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000081250

Entity Name: FARMACIA LAS AMERICAS, LLC

Current Principal Place of Business:

1800 FOREST HILL BLVD. SUITE B-12 WEST PALM BEACH, FL 33409

Current Mailing Address:

1800 FOREST HILL BLVD. SUITE B-12 WEST PALM BEACH, FL 33409

FEI Number: 27-0795492

Name and Address of Current Registered Agent:

JIMENEZ, ANA B DR. 1800 FOREST HILL BLVD. SUITE B-12 WEST PALM BEACH, FL 33409 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 | : ANA B JIMENEZ, PHARM D | | | 01/06/2022 |
|-------------------------------|--|-----------------|--------------------------|------------|
| | Electronic Signature of Registered Agent | | | Date |
| Authorized Person(s) Detail : | | | | |
| Title | OWNER | Title | OWNER | |
| Name | JIMENEZ, ANA B DR. | Name | RIOS, XIOMARA | |
| Address | 2377 FAIRWAY DRIVE | Address | 2377 FAIRWAY DRIVE | |
| City-State-Zip: | WEST PALM BEACH FL 33409 | City-State-Zip: | WEST PALM BEACH FL 33409 |) |

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: RIOS, XIOMARA

MANAGER/ OWNER

01/06/2022 Date

Electronic Signature of Signing Authorized Person(s) Detail

FILED Jan 06, 2022 Secretary of State 1241687093CC

Certificate of Status Desired: Yes