

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000090323

Entity Name: PHARMACYMAX LABS, LLC

Current Principal Place of Business:

8751 COMMODITY CIRCLE
16
ORLANDO, FL 32819

Current Mailing Address:

PO BOX 690519
ORLANDO, FL 32869 US

FEI Number: 27-1022890

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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 PSTD
Name BELAL, MOHAMED
Address PO BOX 690519
City-State-Zip: ORLANDO FL 32869

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: MOHAMED BELAL

MANAGER

03/04/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date