

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000059010

Entity Name: TRUST PHARMACY LLC

Current Principal Place of Business:

36515 US HIGHWAY 19 N
PALM HARBOR, FL 34684

Current Mailing Address:

36515 US HIGHWAY 19 N
PALM HARBOR, FL 34684 US

FEI Number: 27-2765021

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHAKER, MICHAEL
3928 AMBASSADOR DR
PALM HARBOR, FL 34685 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 MGR
Name SHAKER, MICHAEL
Address 3928 AMBASSADOR DR
City-State-Zip: PALM HARBOR FL 34685

Title MGRM
Name SHAKER, RANIA M
Address 3928 AMBASSADOR DR
City-State-Zip: PALM HARBOR FL 34685

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: MICHAEL SHAKER

MANAGER

03/15/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date