

**2022 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**

**03/07/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date