

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000072888

Entity Name: METROMEDS PHARMACY LLC

Current Principal Place of Business:

409 E MICHIGAN ST
ORLANDO, FL 32806

Current Mailing Address:

409 E MICHIGAN ST
ORLANDO, FL 32806

FEI Number: 80-0821152

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ESTAFAN, AMGAD
409 E MICHIGAN ST
ORLANDO, FL 32806 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 ESTAFAN, AMGAD
Address 409 E MICHIGAN ST
City-State-Zip: ORLANDO FL 32806

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: AMGAD ESTAFAN

MANAGER

01/09/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date