## 2021 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 US

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

FILED Jan 11, 2021

**Secretary of State** 

7846058381CC

Authorized Person(s) Detail:

Title MGR Title MANAGER

NameESTAFAN, AMGADNameESTAFAN, MARINAAddress409 E MICHIGAN STAddress409 E MICHIGAN STCity-State-Zip:ORLANDO FL 32806City-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 01/11/2021