## 2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000018868

Entity Name: MEDINA-MEDS PHARMACY LLC

**Current Principal Place of Business:** 

4675 OLD PLEASANT HILL ROAD KISSIMMEE. FL 34759

## **Current Mailing Address:**

3956 TOWN CENTER BLVD SUITE 528 ORLANDO, FL 32837

FEI Number: 46-5703361 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

MEDINA, ROSEMARY 3956 TOWN CENTER BLVD SUITE 528 ORLANDO, FL 32837 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 Apr 02, 2020

**Secretary of State** 

1466561558CC

## Authorized Person(s) Detail:

Title MGR

Name MEDINA, ROSEMARY

Address 3956 TOWN CENTER BLVD SUITE 528

City-State-Zip: ORLANDO FL 32837

SIGNATURE: ROSEMARY MEDINA

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.

Electronic Signature of Signing Authorized Person(s) Detail

MANAGER

04/02/2020 Date