

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000072271

**Entity Name:** ASK PHARMACY PROFESSIONALS LLC

**Current Principal Place of Business:**

401 SEA OATS DR D  
JUNO BEACH, FL 33408

**Current Mailing Address:**

401 SEA OATS DR D  
JUNO BEACH, FL 33408 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ARCHAMBAULT, NADIA D  
401 SEA OATS DR D  
JUNO BEACH, FL 33408 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 DR  
Name ARCHAMBAULT, NADIA D  
Address 401 SEA OATS DR D  
City-State-Zip: JUNO BEACH FL 33408

*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:** NADIA ARCHAMBAULT

03/16/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date