

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000138908

**Entity Name:** JUICE FARMACY LLC

**Current Principal Place of Business:**

2200 NW 32ND ST  
STE 600  
POMPANO BEACH, FL 33069

**Current Mailing Address:**

2200 NW 32ND ST  
STE 600  
POMPANO BEACH, FL 33069 UN

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

AUTORE, DAVID  
6332 C DURHAM DR  
LAKE WORTH, FL 33467 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            AMBR  
Name            LAVIN, CHRISTOPHER  
Address        2200 NW 32ND ST STE. 600  
City-State-Zip: POMPANO BEACH FL 33069

Title            AMBR  
Name            LAVIN, KERRIE  
Address        2200 NW 32ND ST  
City-State-Zip: POMPANO BEACH FL 33069

*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:** CHRISTOPHER LAVIN

**CONTROLLER**

**04/27/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date