

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000138908

Entity Name: JUICE FARMACY LLC

Current Principal Place of Business:

2101 NW 33RD ST
STE 900
POMPANO BEACH, BROWARD 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

AMBR

02/06/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date