

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000041541

**Entity Name:** NORTH LAKE PHARMACY LLC

**Current Principal Place of Business:**

9091 NORTH MILITARY TRAIL  
SUITE 17  
NORTH PALM BEACH, FL 33410

**Current Mailing Address:**

9091 NORTH MILITARY TRAIL  
SUITE 17  
NORTH PALM BEACH, FL 33410 US

**FEI Number:** 81-1771003

**Certificate of Status Desired:** No

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

SOUFAN, SALIM  
8552 THOUSAND PINES COURT  
WEST PALM BEACH, FL 33411 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 MGR  
Name O'CONNOR, PAUL  
Address 9091 N MILITARY TRL  
17  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title PRESIDENT  
Name SOUFAN, SALIM  
Address 8552 THOUSAND PINES COURT  
City-State-Zip: WEST PALM BEACH FL 33411

*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:** SALIM SOUFAN

**PRESIDENT**

**01/22/2022**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date