

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000064602

**Entity Name:** WELLS PHARMACEUTICAL OUTSOURCING, LLC

**Current Principal Place of Business:**

1214 SW 33RD AVENUE  
OCALA, FL 34474

**Current Mailing Address:**

1214 SW 33RD AVENUE  
OCALA, FL 34474 US

**FEI Number: 32-0498694**

**Certificate of Status Desired: No**

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

MCMILLEN, WILLIAM E  
3420 FAIRLANE FARMS ROAD  
SUITE 200  
WELLINGTON, FL 33414 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            SBF FIELDSTONE CORPORATION  
Address        3420 FAIRLANE FARMS ROAD, SUITE  
                  200  
City-State-Zip: WELLINGTON FL 33414

*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: SBF FIELDSTONE CORPORATION**

**AMBR**

**05/15/2023**

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

\_\_\_\_\_  
Date