

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000127539

**Entity Name:** PALMYRA PHARMACY LLC

**Current Principal Place of Business:**

4815 E BUSCH BLVD  
SUITE 109  
TAMPA, FL 33617

**Current Mailing Address:**

4815 E BUSCH BLVD  
SUITE 109  
TAMPA, FL 33617 US

**FEI Number:** 81-3134546

**Certificate of Status Desired:** No

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

HARAKA, MOHAB  
4815 E BUSCH BLVD  
SUITE 109  
TAMPA, FL 33617 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 HARAKA, MOHAB  
Address 4815 E BUSCH BLVD  
SUITE 109  
City-State-Zip: TAMPA FL 33617

Title AMBR  
Name HERRAKA, IHAB  
Address 9718 SORBONNE LOOP  
City-State-Zip: SEFFNER FL 33584

*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:** MOHAB HARAKA

**MANAGING MEMBER**

**04/30/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date