

**2020 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L17000214567

**Entity Name:** ALL FAMILY PHARMACY LLC

**Current Principal Place of Business:**

3350 NW 2ND AVENUE  
SUITE A-34  
BOCA RATON, FL 33431

**Current Mailing Address:**

10585 MENDOCINO LANE  
BOCA RATON, FL 33428 US

**FEI Number:** 82-3158071

**Certificate of Status Desired:** Yes

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

KUENZLER, MICHELE L  
10585 MENDOCINO LANE  
BOCA RATON, FL 33428 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:** MICHELE KUENZLER

06/04/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AUTHORIZED MEMBER  
Name KUENZLER, MICHELE L  
Address 10585 MENDOCINO LANE  
City-State-Zip: BOCA RATON FL 33428

*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:** MICHELE KUENZLER

AMBR

06/04/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date