

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000214567

**Entity Name:** ALL FAMILY PHARMACY LLC

**Current Principal Place of Business:**

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

**Current Mailing Address:**

3350 NW 2ND AVE  
STE A2  
BOCA RATON, FL 33431 US

**FEI Number:** 82-3158071

**Certificate of Status Desired:** No

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

KUENZLER, THOMAS WILLIAM  
3350 NW 2ND AVENUE  
SUITE A-2  
BOCA RATON, FL 33431 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:** THOMAS KUENZLER

04/22/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name KUENZLER, THOMAS WILLIAM  
Address 8576 DEARBORN RIVER WAY  
City-State-Zip: BOCA RATON FL 33496

Title AMBR  
Name KUENZLER, MICHAEL FRANK  
Address 8275 OCEANUS DRIVE  
City-State-Zip: BOCA RATON FL 33496

*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:** THOMAS KUENZLER

MANAGING MEMBER

04/22/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date