

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000246894

Entity Name: KB PRO PHARMA SOLUTIONS LLC

Current Principal Place of Business:

15724 ANGELICA DRIVE
ALVA, FL 33920

Current Mailing Address:

15724 ANGELICA DRIVE
ALVA, FL 33920 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEGALINC CORPORATE SERVICES, INC.
5237 SUMMERLIN COMMONS
SUITE 400
FORT MYERS, FL 33907 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 BROECKER, KENNETH
Address 15724 ANGELICA DRIVE
City-State-Zip: ALVA FL 33920

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: KENNETH BROECKER

AMBR

03/15/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date