

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000201185

**Entity Name:** NOVUS RX SOLUTIONS, LLC

**Current Principal Place of Business:**

725 ISLE OF PALMS DRIVE  
FORT LAUDERDALE, FL 33301

**Current Mailing Address:**

725 ISLE OF PALMS DRIVE  
FORT LAUDERDALE, FL 33301 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

MAYA, DAVID R  
725 ISLE OF PALMS DRIVE  
FORT LAUDERDALE, FL 33301 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 MGR  
Name MAYA, DAVID R  
Address 725 ISLE OF PALMS DRIVE  
City-State-Zip: FORT LAUDERDALE FL 33301

Title MGR  
Name FINN, TRACY  
Address 1055 ST. PAUL PLACE, SUITE 160  
City-State-Zip: CINCINNATI OH 45202

Title MGR  
Name LEHMAN, MARK  
Address 135 CRESTVIEW COURT  
City-State-Zip: CRESTVIEW HILLS KY 41017

*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:** DAVID MAYA

MGR

04/29/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date