

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000094509

**Entity Name:** THE APOTHECARY FL, LLC

**Current Principal Place of Business:**

209 ST CLOUD VILLAGE COURT  
104  
KISSIMMEE, FL 34744

**Current Mailing Address:**

209 ST CLOUD VILLAGE COURT  
104  
KISSIMMEE, FL 34744

**FEI Number:** 83-4580788

**Certificate of Status Desired:** No

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

POTENZA, COATH  
209 ST CLOUD VILLAGE COURT  
104  
KISSIMMEE, FL 34744 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:** COATH POTENZA

02/02/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name MALPA, PEDRO  
Address 209 ST CLOUD VILLAGE COURT 104  
City-State-Zip: KISSIMMEE FL 34744

Title AMBR  
Name POTENZA, COATH  
Address 209 ST CLOUD VILLAGE COURT 104  
City-State-Zip: KISSIMMEE FL 34744

*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:** COATH POTENZA

COATH POTENZA

02/02/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date