

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000396801

**Entity Name:** GRACEPHARM LLC

**Current Principal Place of Business:**

6835 4TH ST N  
ST PETERSBURG, FL 33702

**Current Mailing Address:**

7361 HUNTERS GREENE CIR  
LAKELAND, FL 33810 UN

**FEI Number:** 85-4361314

**Certificate of Status Desired:** No

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

I & R TAX SERVICES INC  
7361 HUNTERS GREENE CIR  
LAKELAND, FL 33810 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	P	Title	MANAGER MEMBER
Name	ADETULA, DORCAS D	Name	ADETULA, OLADAPO B
Address	1231 ALPINE LAKE DRIVE	Address	1231 ALPINE LAKE DRIVE
City-State-Zip:	BRANDON FL 33511	City-State-Zip:	BRANDON FL 33511

*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:** OLADAPO B ADETULA

**MANAGER**

**04/26/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date