

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000491067

Entity Name: ZENITH REMEDIES LLC**Current Principal Place of Business:**1624 CAPITAL CIRCLE NE, STE 210
TALLAHASSEE, FL 32308**Current Mailing Address:**1624 CAPITAL CIRCLE NE, STE 210
TALLAHASSEE, FL 32308 US**FEI Number:** 87-3667075**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PATEL, DARSHANA
1624 CAPITAL CIRCLE NE, STE 210
TALLAHASSEE, FL 32308 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	PATEL, DARSHANA
Address	1624 CAPITAL CIRCLE NE, STE 210
City-State-Zip:	TALLAHASSEE FL 32308

Title	MGR
Name	PATEL, JIGNA
Address	1624 CAPITAL CIRCLE NE, STE 210
City-State-Zip:	TALLAHASSEE FL 32308

Title	MGR
Name	PARMAR, BHUMI
Address	1624 CAPITAL CIRCLE NE, STE 210
City-State-Zip:	TALLAHASSEE FL 32308

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: DARSHANA PATEL

PRESIDENT

02/06/2022

Electronic Signature of Signing Authorized Person(s) Detail_____
Date