

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000048293

Entity Name: APOTHECATTERY LLC

Current Principal Place of Business:

1927 CASSAT AVE
JACKSONVILLE, FL 32210

Current Mailing Address:

1927 CASSAT AVE
JACKSONVILLE, FL 32210 US

FEI Number: 92-2101045

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GOLDEN APPLE AGENCY INC
6817 SOUTHPOINT PKWY #504
JACKSONVILLE, FL 32216 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: TANYA AKIMENKO

04/30/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name SMITH, ANGELA NICOLE
Address 1927 CASSAT AVE
City-State-Zip: JACKSONVILLE FL 32210

Title AMBR
Name WARD, BRIAN JOSEPH
Address 1927 CASSAT AVE
City-State-Zip: JACKSONVILLE FL 32210

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: ANGELA NICOLE SMITH

MGR

04/30/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date