

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L24000225152

Entity Name: FLOMED RX LLC

Current Principal Place of Business:

6274 LINTON BLVD
SUITE 105
DELRAY BEACH, FL 33484

Current Mailing Address:

6274 LINTON BLVD
SUITE 105
DELRAY BEACH, FL 33484

FEI Number: 99-3021023

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WIDROFF, ROBIN
6274 LINTON BLVD
SUITE 105
DELRAY BEACH, FL 33484 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 AR
Name WIDROFF, ROBIN
Address 6274 LINTON BLVD, SUITE 105
City-State-Zip: DELRAY BEACH FL 33484

Title AR
Name WINTER, DANIEL
Address 6274 LINTON BLVD, SUITE 105
City-State-Zip: DELRAY BEACH FL 33484

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: DANIEL I WINTER

MEMBER

02/08/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date