#### 2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M11000002437

Entity Name: KROGER SPECIALTY PHARMACY FL 2, LLC

# **Current Principal Place of Business:**

1014 VINE STREET CINCINNATI, OH 45202

#### **Current Mailing Address:**

1014 VINE STREET CINCINNATI, OH 45202 US

FEI Number: 45-1501538 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 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

**FILED** Mar 26, 2024

**Secretary of State** 

9433263357CC

### Authorized Person(s) Detail:

Title MGRM

KROGER SPECIALTY PHARMACY Name

**HOLDINGS 3. LLC** 

3200 LAKE EMMA ROAD Address

**SUITE 1000** 

City-State-Zip: LAKE MARY FL 32746

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: JOSEPH W BRADLEY

Electronic Signature of Signing Authorized Person(s) Detail

ASSISTANT TREASURER

03/26/2024

Date