

**2023 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

**Authorized Person(s) Detail :**

Title MGRM  
Name KROGER SPECIALTY PHARMACY  
HOLDINGS 3, LLC  
Address 3200 LAKE EMMA ROAD  
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

**ASSISTANT TREASURER** 04/18/2023

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date