

2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M13000003860

Entity Name: TRANSITION PHARMACY LLC

Current Principal Place of Business:

2546 METROPOLITAN DRIVE
TREVOSE, PA 19053

Current Mailing Address:

2546 METROPOLITAN DRIVE
TREVOSE, NV 19053 US

FEI Number: 20-5425813

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

INCORP SERVICES INC
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 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 DIRECTOR
Name SHRAYBMAN, YURY
Address 2540 METROPOLITAN DRIVE SUITE
 2546
City-State-Zip: TREVOSE PA 19053

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: YURY SHRAYBMAN

DIRECTOR OF FINANCE

06/06/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date