

**2020 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:** Yes

**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            VP OF OPERATIONS  
Name            SMITH, GREGG  
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:** GREGG SMITH

VP OF OPERATIONS

03/20/2020

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

\_\_\_\_\_ Date