

**2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M18000000343

**Entity Name:** PHARMACY ACQUISITION CO., LLC

**Current Principal Place of Business:**

1286SE HOLGATE BLVD, STE C-2  
PORTLAND, OR 97202

**Current Mailing Address:**

ATT: ACCOUNTS PAYABLE  
808 SW 15TH AVE  
PORTLAND, OR 97205 US

**FEI Number:** 82-1786291

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

INCorp SERVICES, INC.  
17888 67TH CT N  
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 MGR/OWNER  
Name TREHARNE, TYLER  
Address 1286SE HOLGATE BLVD, STE C-2  
City-State-Zip: PORTLAND OR 97202

Title BOOKKEEPER  
Name MULLER, HEATHER L  
Address ATT: ACCOUNTS PAYABLE  
808 SW 15TH AVE  
City-State-Zip: PORTLAND OR 97205

*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:** HEATHER MULLER

**BOOKKEEPER**

**01/31/2020**

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

\_\_\_\_\_  
Date