

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000003874

Entity Name: DANIEL SECKLER, CONSULTANT PHARMACIST, LLC

Current Principal Place of Business:

2439 ROLLING OAKS DR.
PALM HARBOR, FL 34683

Current Mailing Address:

2439 ROLLING OAKS DR.
PALM HARBOR, FL 34683

FEI Number: 02-0560339

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SECKLER, DANIEL A
2439 ROLLING OAKS DR.
PALM HARBOR, FL 34683 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 P
Name SECKLER, DANIEL A
Address 2439 ROLLING OAKS DR
City-State-Zip: PALM HARBOR FL 34683

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: DANIEL A SECKLER

PRESIDENT

03/25/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date