

**2019 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, D  
Name SECKLER, DANIEL A  
Address 2439 ROLLING OAKS DR  
City-State-Zip: PALM HARBOR FL 34683

Title VP, S, D  
Name SECKLER, DOROTHY  
Address 2439 ROLLING OAKS DRIVE  
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

**PRES**

**04/16/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date