

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000326278

**Entity Name:** RAINBOW PHARMACY, LLC

**Current Principal Place of Business:**

2820 NORTHEAST 214TH STREET  
STORE #7  
AVENTURA, FL 33180

**Current Mailing Address:**

3901 ISLAND ESTATE DRIVE  
MIAMI, FL 33160 US

**FEI Number:** 88-3442879

**Certificate of Status Desired:** Yes

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

BOYNE, STEVEN  
151 NW 1ST STREET  
DELRAY BEACH, FL 33444 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            AMBR  
Name            MICHAEL, MICHAEL  
Address        2820 NORTHEAST 214TH STREET,  
                    STORE #7  
City-State-Zip: AVENTURA FL 33180

*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:** MICHAEL MICHAEL

**PRESIDENT**

**03/14/2023**

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

\_\_\_\_\_  
Date