

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000067199

**Entity Name:** SPECIALTY PHARMACY SOLUTIONS LLC

**Current Principal Place of Business:**

6440 VINELAND RD  
UNIT 208  
ORLANDO, FL 32819

**Current Mailing Address:**

6440 VINELAND RD  
UNIT 208  
ORLANDO, FL 32819 US

**FEI Number:** 02-0736282

**Certificate of Status Desired:** No

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

SULLIVAN, WILLIAM J  
6440 VINELAND RD  
UNIT 208  
ORLANDO, FL 32819 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  
Name SULLIVAN, WILLIAM J  
Address 6440 VINELAND RD  
UNIT 208  
City-State-Zip: ORLANDO FL 32819

*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:** WILLIAM SULLIVAN

MGR

03/17/2016

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

\_\_\_\_\_  
Date