

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000049420

**Entity Name:** SUPER SAVER PHARMACY #3, LLC

**Current Principal Place of Business:**

1901 SOUTH JOHN YOUNG PARKWAY,  
STE 101  
KISSIMMEE, FL 34741

**Current Mailing Address:**

1901 SOUTH JOHN YOUNG PARKWAY,  
STE 101  
KISSIMMEE, FL 34741 US

**FEI Number:** 20-4874039

**Certificate of Status Desired:** No

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

MATHURA, DEVAN  
1901 SOUTH JOHN YOUNG PARKWAY  
STE 101  
KISSIMMEE, FL 34741 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 MGRM  
Name MATHURA, DEVAN  
Address 1901 SOUTH JOHN YOUNG  
PARKWAY, STE 101  
City-State-Zip: KISSIMMEE FL 34741

Title MGRM  
Name MATHURA, CHARLENE  
Address 1901 SOUTH JOHN YOUNG  
PARKWAY, STE 101  
City-State-Zip: KISSIMMEE FL 34741

*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:** DEVAN MATHURA

MGRM

03/19/2014

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

\_\_\_\_\_  
Date