

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000002431

Entity Name: NAVARRO DISTRIBUTION CENTER, LLC

Current Principal Place of Business:

9400 N.W. 104 STREET
MEDLEY, FL 33178

Current Mailing Address:

9400 N.W. 104 STREET
MEDLEY, FL 33178

FEI Number: 65-0204207

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NAVARRO DISCOUNT PHARMACIES, LLC
9400 N.W. 104 STREET
MEDLEY, FL 33178 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 NAVARRO DISCOUNT PHARMACIES,
LLC
Address 9400 NW 104TH STREET
City-State-Zip: MEDLEY FL 33178

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: JUAN M. ORTIZ

CEO

04/22/2014

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date