

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000077163

**Entity Name:** PHARMACY PARTNERS LLC

**Current Principal Place of Business:**

901 N CONGRESS AVE  
STE B101  
BOYNTON BEACH, FL 33426

**Current Mailing Address:**

901 N CONGRESS AVE  
STE 101  
BOYNTON BEACH, FL 33426 US

**FEI Number:** 27-0711389

**Certificate of Status Desired:** No

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

KELLEHER, CASEY  
4019 PALM BAY CIRCLE  
APT. A  
WEST PALM BEACH, FL 33406 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 REVOCABLE TRUST FBO FRED MARCON  
Address 79 CHESTNUT STREET- STE 101  
City-State-Zip: RIDGEWOOD NJ 07450

Title MGRM  
Name KELLEHER, CASEY  
Address 4019 PALM BAY CIRCLE APT. A  
City-State-Zip: WEST PALM BEACH FL 33406

Title MGRM  
Name HAGGERTY, WILLIAM J  
Address 79 CHESTNUT STREET- STE 101  
City-State-Zip: RIDGEWOOD NJ 07450

*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 HAGGERTY

CPA

03/04/2016

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

\_\_\_\_\_  
Date