

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000085415

Entity Name: SIMS PHARMACY, LLC

Current Principal Place of Business:

1177 GULF BREEZE PKWY.
GULF BREEZE, FL 32561

Current Mailing Address:

1177 GULF BREEZE PKWY.
GULF BREEZE, FL 32561

FEI Number: 27-0837778

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SIMS, SHARON J
20 MCLANE ROAD
GULF BREEZE, FL 32561 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 SIMS, SHARON J
Address 20 MCLANE ROAD
City-State-Zip: GULF BREEZE FL 32561

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: SHARON J SIMS

OWNER

01/09/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date