

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000017918

**Entity Name:** 1ST COMMUNITY PHARMACY LLC

**Current Principal Place of Business:**

2775 OLD WINTER GARDEN RD.  
OCOEE, FL 34761

**Current Mailing Address:**

2775 OLD WINTER GARDEN RD.  
OCOEE, FL 34761 US

**FEI Number:** 27-1932971

**Certificate of Status Desired:** No

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

CHIN, AMANDA L  
2775 OLD WIINTER GARDEN RD.  
OCOEE, FL 34761 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	Title	MGR
Name	CHIN, AMANDA	Name	CHIN, JACK
Address	2775 OLD WINTER GARDEN RD.	Address	2775 OLD WINTER GARDEN RD.
City-State-Zip:	OCOEE FL 34761	City-State-Zip:	OCOEE FL 34761

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JACK CHIN

**MGR**

**04/23/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date