

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000124912

Entity Name: MY FAMILY PHARMACY & DISCOUNT, LLC

Current Principal Place of Business:

8410 WEST FLAGLER STREET
SUITE 105-B
MIAMI, FL 33144

Current Mailing Address:

8410 WEST FLAGLER STREET
SUITE 105-B
MIAMI, FL 33144 US

FEI Number: 27-4213846

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORTES, RAMON
180 S.W. 104TH COURT
MIAMI, FL 33174 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 CORTES, MARITZA
Address 180 S.W. 104TH COURT
City-State-Zip: MIAMI FL 33174

Title MGRM
Name CORTES, RAMON
Address 180 S.W. 104TH COURT
City-State-Zip: MIAMI FL 33174

Title MGRM
Name CORTES, CARLOS
Address 180 S.W. 104TH COURT
City-State-Zip: MIAMI FL 33174

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: RAMON CORTES

MANAGING MEMBER

02/22/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date