

**2017 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**

**02/09/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date