

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000010882

Entity Name: GINGER PHARMACY LLC

Current Principal Place of Business:

1541 CRAWFORD DR
APOPKA, FL 32703

Current Mailing Address:

1541 CRAWFORD DR
APOPKA, FL 32703

FEI Number: 27-4700490

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

EGWUATU, CHUKWUDALU O
1541 CRAWFORD DR
APOPKA, FL 32703 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 MGR
Name EGWUATU, CHUKWUDALU O
Address 1541 CRAWFORD DR
City-State-Zip: APOPKA FL 32703

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: CHUKWUDALU EGWUATU

MANAGER

04/03/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date