

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000033012

Entity Name: LEGACY PHARMACY OC LLC**Current Principal Place of Business:**2413 ENTERPRISE RD
ORANGE CITY, FL 32763**Current Mailing Address:**2283 STONE CROSS CIRCLE
ORLANDO, FL 32828 US**FEI Number:** 46-2172325**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SMART, ASHISHKUMAR K
2283 STONE CROSS CIRCLE
ORLANDO, FL 32828 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	SMART, ASHISHKUMAR
Address	2283 STONE CROSS CIRCLE
City-State-Zip:	ORLANDO FL 32828

Title	MGR
Name	SMART, DIPTIBEN
Address	2283 STONE CROSS CIRCLE
City-State-Zip:	ORLANDO FL 32828

Title	MGR
Name	RAMESH, NIMMALA
Address	10484 HENBURY STREET
City-State-Zip:	ORLANDO FL 32832

Title	MGR
Name	KAVYA, NIMMALA
Address	10484 HENBURY STREET
City-State-Zip:	ORLANDO FL 32832

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: SMART, ASHISHKUMAR K

MGRM

03/19/2015

Electronic Signature of Signing Authorized Person(s) Detail_____
Date