

**2014 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L13000116086

**Entity Name:** SUNCOAST PHARMACY CONSULTANT SERVICES, LLC

**Current Principal Place of Business:**

1025 14TH AVE N  
SAINT PETERSBURG, FL 33705

**Current Mailing Address:**

1025 14TH AVE N  
SAINT PETERSBURG, FL 33705

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

REALINI, MARK J  
1025 14TH AVE N  
SAINT PETERSBURG, FL 33705 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 REALINI, MARK J  
Address 1025 14TH AVE N  
City-State-Zip: SAINT PETERSBURG FL 33705

Title MANAGER  
Name LIWWAYHA, SOMPONG  
Address 1025 14TH AVE N  
City-State-Zip: SAINT PETERSBURG FL 33705

*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:** MARK REALINI

MGR

11/29/2014

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date