

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000115523

**Entity Name:** @ ALL PHARMACY & SUPPLIES LLC

**Current Principal Place of Business:**

14637 SW 56 ST  
MIAMI, FL 33175

**Current Mailing Address:**

14637 SW 56 ST  
MIAMI, FL 33175

**FEI Number:** 47-1402792

**Certificate of Status Desired:** No

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

CARRILLO, MAGGEE  
14637 SW 56 STREET  
MIAMI, FL 33175 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 CARRILLO, MAGGEE  
Address 14637 SW 56 ST  
City-State-Zip: MIAMI FL 33175

*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:** MAGGEE CARRILLO

PRESIDENT

03/30/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date