

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000151398

**Entity Name:** SERVICE PRO PHARMACY, LLC

**Current Principal Place of Business:**

3380 INDIAN HILLS  
PACE, FL 32571

**Current Mailing Address:**

3380 INDIAN HILLS  
PACE, FL 32571 US

**FEI Number:** 47-4967329

**Certificate of Status Desired:** Yes

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

VIATOR, STUART  
3380 INDIAN HILLS  
PACE, FL 32571 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:** STUART VIATOR

02/22/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name VIATOR, STUART  
Address 3380 INDIAN HILLS DR  
City-State-Zip: PACE FL 32571

*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:** STUART VIATOR

MGR

02/22/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date