2004 LIMITED LIABILITY COMPANY ANNUAL REPORT



FILED May 03, 2004 8:00 am Secretary of State

1. Entity Name GUILLOT APOTHECARY, LLC						05-03-2004	4 901 44 045		
Principal Place of Business 3115 W. BAY TO BAY BLVD. TAMPA, FL 33629		Mailing Address 3115 W. BAY TO BAY BLVD. TAMPA, FL 33629				₩ ヹ ŨŨヺ゙゙ ヹ	vv		
2. Principal P	Nace of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01062004	Chg-LLC	CR2E083 (10/03)		
City & State		City & State		4. FEI Number 59-3705			_	plied For t Applicable	
Zip Country		Zip	Zip Country			of Status Desired		00 Addi	itional
	6. Name and Address of Curre	nt Registered Agent	<u> </u>		7. Name and	Address of New F	Registered Agen	ıt	
RADKE, HEATHER M 3115 W. BAY TO BAY BLVD.			<u></u>	Name Street Address (P.O. Box Number is Not Acceptable)					
TAMPA, F	L 33629								
			Cit	у			FL 1	Zip Code	•
	named entity submits this statement tions of registered agent.	for the purpose of changing its	registered offi	ice or register	red agent, or both	n, in the State of Fk	orida. I am famili	iar with, a	and accept
SIGNATURE .	Signature, typed or printed name of registered ag	ent and title if applicable. (NOT	E-Dagistered Asset	signature required	d that windships		DATE		
			c. registe ou Agent	SAN METERIC LECTION CO.	JI WITCH TERRISIZENIE)		DAIL		
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Fi Di	iling Fee is \$50.00 ue by May 1, 2004	BERS/MANAGERS	10.	·	A west (earlissan g)		e check payal a Department		<u> </u>
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

IG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE