

# **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000010413

Entity Name: CC CITY PHARMACY, LLC

**FILED**  
**Jan 19, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

500 SE 15TH STREET  
SUITE120  
FT. LAUDERDALE, FL 33316

**New Principal Place of Business:**

**Current Mailing Address:**

500 SE 15TH STREET  
SUITE 120  
FT. LAUDERDALE, FL 33316

**New Mailing Address:**

FEI Number: 65-1118418

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CASTRO, CLARISA G  
7331 NORTHWEST 48TH STREET  
LAUDERHILL, FL 33319 US

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

CAMIRE, PAULO R  
500 SE 15TH STREET  
SUITE 120  
FT LAUDERDALE, FL 33316 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: PAULO R CAMIRE

01/19/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: CASTRO, CLARISA G  
Address: 7331 NORTHWEST 48TH STREET  
City-St-Zip: LAUDERHILL, FL 33319

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: CAMIRE, PAULO  
Address: 500 SE 15TH STREET, SUITE 120  
City-St-Zip: FT LAUDERDALE, FL 33316

I hereby certify that the information supplied with this filing does not qualify for the 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 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 608, Florida Statutes.

SIGNATURE: PAULO CAMIRE

MGR

01/19/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date