


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 10, 2006 8:00 am
Secretary of State

02-16-2006 90145 048 ****50.00

DOCUMENT # L01000015913 1. Entity Name SCOTT'S PHARMACY, LLC	
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Principal Place of Business 6505 HWY 29 NORTH MOLINO, FL 32577	Mailing Address 6505 HWY 29 NORTH MOLINO, FL 32577
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30002211



01312008No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3757658	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent SCOTT, RON G 6505 HWY 29 NORTH MOLINO, FL 32577
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**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE



Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

2-3-06
DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SCOTT, RON G 6505 HWY 29 NORTH MOLINO, FL 32577
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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3-1-06



ATTACHMENT
30002211

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 20, 2006

SCOTT'S PHARMACY, LLC
6505 HWY 29 NORTH
MOLINO, FL 32577

Subject: **SCOTT'S PHARMACY, LLC**

Reference Number: **L01000015913**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by a managing member, manager or an authorized representative of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE
ANNUAL REPORTS SECTION