

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000017695

**FILED**  
**Mar 24, 2009**  
**Secretary of State**

**Entity Name:** NAVARRO DISCOUNT PHARMACIES NO. 15, LLC

**Current Principal Place of Business:**

631 71STREET  
MIAMI BEACH,, FL 33141

**New Principal Place of Business:**

**Current Mailing Address:**

5959 N.W. 37TH AVENUE  
MIAMI, FL 33142

**New Mailing Address:**

9400 NW 104 STREET  
MIAMI, FL 33178

**FEI Number:** 65-1143462

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NAVARRO DISCOUNT PHARMACIES, LLC  
9400 NW 104TH STREET  
MEDLEY, FL 33178 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: NAVARRO DISCOUNT PHA, RMACIES, LLC  
Address: 9400 NW 104TH STREET  
City-St-Zip: MEDLEY, FL 33178

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JUAN ORTIZ

CFO

03/24/2009

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