

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 25, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000032529

1. Entity Name
HOME PHARMACY SOLUTIONS, L.L.C.



Principal Place of Business
**1125 NORTH SUMMIT STREET
CRESCENT CITY, FL 32112**

Mailing Address
**1125 NORTH SUMMIT STREET
CRESCENT CITY, FL 32112**



04132007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
32-0046874

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BUTLER, WILLIAM E
1125 NORTH SUMMIT STREET
CRESCENT CITY, FL 32112**

**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 reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

L000000730253
05/08/07-80072-021 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
BUTLER, WILLIAM E
1125 NORTH SUMMIT STREET
CRESCENT CITY, FL 32112**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
KNIGHT, GARY
171 B SEMORIAN COMMERCE PL. SUITE 114
APOPKA, FL 32703**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
FLETCHER, WARREN D
1125 N. SUMMIT ST.
CRESCENT CITY, FL 32112**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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

4/23/07

Date

(386) 698-3737

Daytime Phone #