

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2008 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



04232008No Chg-LLC

CR2E083 (12/07)

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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

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
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05/21/08-80109-017 143.75

**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 #

Wm E. Butler WILLIAM E. BUTLER 4/22/08 (386) 698-3737