

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000000208

**FILED**  
**Feb 06, 2004**  
**Secretary of State**

**Entity Name:** TOWN N' COUNTRY PHARMACY, LLC

**Current Principal Place of Business:**

5803 AVENTURA COURT  
TAMPA, FL 33625

**New Principal Place of Business:**

6700 HANLEY RD  
TAMPA, FL 33634

**Current Mailing Address:**

5803 AVENTURA COURT  
TAMPA, FL 33625

**New Mailing Address:**

6700 HANLEY RD  
TAMPA, FL 33634

**FEI Number:** 01-0761161

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VALENTIN, RAUL  
5803 AVENTURA COURT  
TAMPA, FL 33625

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

VALENTIN, RAUL  
6700 HANLEY RD  
TAMPA, FL 33634

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: RAUL VALENTIN

02/06/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: VALENTIN, RAUL  
Address: 6700 HANLEY RD  
City-St-Zip: TAMPA, FL 33634

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: RAUL VALENTIN

P

02/06/2004

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