

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90192 026 ****50.00

DOCUMENT # L03000003089

1. Entity Name
DRUG BUSTERS CANADA DISCOUNT DRUGS, LLC



Principal Place of Business
**SOMERSET SHOPPES, BAY J-2
8903 GLADES ROAD
BOCA RATON, FL 33434**

Mailing Address
**SOMERSET SHOPPES, BAY J-2
8903 GLADES ROAD
BOCA RATON, FL 33434**

**1101 LAKERIDGE Blvd.
Boca Raton, FL 33496**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02022004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number
30-0148834

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HERMAN, BRUCE
1401 E. BROWARD BLVD., SUITE 206
FT. LAUDERDALE, FL 33301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BLAZAR, MARC W
SOMERSET SHOPPES, BAY J-2, 8903 GLADES RD
BOCA RATON, FL 33434** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BLAZAR, MARC W
1101 LAKERIDGE Blvd, Suite 5
BOCA RATON, FL 33496** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
STONE, JEFFREY I
SOMERSET SHOPPES, BAY J-2, 8903 GLADES RD
BOCA RATON, FL 33434** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
STONE, JEFFREY I
1101 LAKERIDGE Blvd, Suite 5
BOCA RATON, FL 33496** ☒ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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11. I hereby certify that the information supplied with this filing does not qualify 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 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: **Jeffrey I Stone**

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

2-12-04

Date

561-479.3784

Daytime Phone #