

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000003938

1. Entity Name
G & C PHARMACY, LLC



Principal Place of Business
910 NW 132 AVE
MIAMI, FL 33182

Mailing Address
910 NW 132 AVE
MIAMI, FL 33182

2. Principal Place of Business
7105 SW 8 ST

3. Mailing Address
SAME

Suite, Apt. #, etc.
208

Suite, Apt. #, etc.

City & State
Miami

City & State

Zip
FL

Country
33144

Zip

Country

05112005 Chg-LLC CR2E083 (10/03)

4. FEI Number
04-3738669

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FERNANDEZ, GLADYS
910 NW 132 AVE
MIAMI, FL 33182

7. Name and Address of New Registered Agent

Name
Laymet Albelo
Street Address (P.O. Box Number is Not Acceptable)
7105 SW 8 ST #208
City
Miami FL Zip Code
33144

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 *Kaymet Al.*

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 September 7, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
FERNANDEZ, GLADYS
910 NW 132 AVE
MIAMI, FL 33182 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
Laymet Albelo
7105 SW 8 ST #208
Miami, FL 33144 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
700054691387
05/17/05--01071--013 **50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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: *Kaymet Al.*

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

Date

Daytime Phone #

FILED
05 MAY 12 AM 9:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

