2005 LIMITED LIABILITY COMPANY REINSTATEMENT

REINSTATEMENT				9	SECRETALLED	ı
DOCUMENT # L03000022000				DIV	SECRETARY OF CORF	STATE
1. Entity Name CANADIAN DRUG DISCOUNTERS OF			0.9	S MAD 20	MOLLAND	
···				•	MAR 30 AM	10: 29
Principal Place of Business	Mailing Address					
· 220 king street Cocoa et 32922 us	220 KING STREET COCOA, FL 32922 US		101 -		\$***\$	l
100000000000000000000000000000000000000	COCOA, N. 32922 US		() I I I I I I I I I I I I I I I I I I	1 2012 1 1111 20 11 20 11 20 11 1	. ± 1816 HOLD HOLD ADM THE	EALALIAN
2. Principal Place of Business 3. Mailing Address						
Suite, Apt. V etc. Suite, Apt. V etc.		Ave_	1	s martin sirit bärin nöfin parill f	eriin jirin itali maili 4814 984	291 III 1851
		···	03222005	REIN-LLC	CR2E101 (6/04)	
City & State ROCKIEGGE FL ROCKIEGGE, F		4 .	4. FEI Numb	er	P	plied For t Applicable
Zip Country Zip		Country	5. Certificate	of Status Desired	□ \$5.00 Add	itional
32955 BREVARD 6. Name and Address of Current Ro	00 10 0	3REUATE	7. Name and	Address of New Re	Fee Required	3
MENYHART ANDREWW WACIAN NIAZI						
160 MCLEOD STREET				er is Not Acceptable)	AVE	
160 MCLEOD STREET MERRITTISLAND, FL 32953 11) Lung WWYL Are Street Address (P.O. Box Number is Not Acceptable) AVE Coulded from Rocal Republication of the Rocal Republication of th						
<i>j</i> = 0.01	3299	City C	ROCKLE;	DSE	FL Zip Code	205
The above named entity submits this statement for the obligations of registered agent.					ida. I am familiar with,	and accept
1 // \ 1/						
SIGNATURE Signature, typed or printed raine of registered agent and	titte il applicable. (NOTE: R	egistered Agent eigne	ture required when reinstating)	DATE	
FILE NOWIII FEE IS \$100.00 In accordance with s. 607.193(2)(b), F.S., the limited Make check payable to						1
liability company did not re				Florida	Department of State	
9. MANAGING MEMBER	1,	10.		ADDITIONS/C		
MGRM NAME LAKATOS, JOANNE	Delete	TITLE NAME	meral (%)	PATEROE	Change	Addition
STREET ADDRESS CHY-ST-ZP COGOA; FL 32922	•	STREET ADORESS CITY-ST-ZIP	REMST	IN I CHARE		-02
TITLE MGRM	☐ Delete	TITLE			☐ Change	Addition
NAME CHOLEWA; MICHELLE LYNN STREET ADDRESS 220 KING STREET 111 LONGWOOD AVC		NAME STREET ADDRESS		000500 7/0501017	19,4,333,	
CITY-ST-ZIP GOCOA, FL S2922 Rock/dgc Rc 32955		CITY-ST-ZIP	U47 U	77U5*********	002 **100 	טט. נ
MGRM	J Delete □ Delete	TITLE NAME			Change	Addition
STREET ADDRESS 111 Long wood Ave		STREET ADDRESS				
TITLE Rockledge, 127. 3	2-955 · □ Detete	CITY-SI-ZIP			Change	☐ Addition
NAME	i Desett	NAME			C. Change	Audițion
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP				
TITLE	C Delete	TITLE		<u>, , </u>	☐ Change	Addition
NAME STREET ADDRESS		NAME STREET ADDRESS	•			1
CITY-ST-ZIP	·• · · · · · · · · · · · · · · · · · ·	CITY-ST-ZIP		·		
TITLE NAME	☐ Delete	TITLE NAME			☐ Change	Addition
STREET ADDRESS		STREET ADDRESS	,			ļ
CITY-SI-ZIP 11. I hereby certify that the information supplied with the information supplied wi	his filing does not qualify for th	CITY-ST-ZIP e exemption stat	ed in Section 119.07(3)	(i). Florida Statutes 11	further certify that the in	nformation
Sindicated 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 Michelle	× 00-0 -	ب	*	3/01/2	C (m. 1)	
SIGNATURE: Aftichette	1) Makeul			3/21/0	D (32) HY	6-2024