

595

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 30, 2005 8:00 am**  
**Secretary of State**

03-30-2005 90161 045 \*\*\*\*50.00

DOCUMENT # L03000026487

1. Entity Name  
AIRPORT PHARMACY, LLC



Principal Place of Business  
1030 W. INTERNATIONAL SPEEDWAY BLVD.  
DAYTONA BEACH, FL 32114

Mailing Address  
1030 W. INTERNATIONAL SPEEDWAY BLVD.  
DAYTONA BEACH, FL 32114

20025304



2. Principal Place of Business  
444 SEABREEZE BLVD.

3. Mailing Address  
444 SEABREEZE BLVD.

Suite, Apt. #, etc.  
STE 1000

Suite, Apt. #, etc.  
STE 1000

03032005 Chg-LLC CR2E083 (10/03)

City & State  
DAYTONA BEACH, FL

City & State  
DAYTONA BEACH, FL

4. FEI Number  
55-0840075

Applied For  
Not Applicable

Zip  
32118

Country

Zip  
32118

Country

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

## 6. Name and Address of Current Registered Agent

TOWER, DEVIN  
1030 W. INTERNATIONAL SPEEDWAY BLVD.  
DAYTONA BEACH, FL 32114

## 7. Name and Address of New Registered Agent

Name

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

444 SEABREEZE BLVD. STE 1000

City  
daytona BEACH,

FL

Zip Code  
32118

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, 2005**

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

## 9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME THORE, DEVIN  
STREET ADDRESS 1039 WEST INTERNATIONAL SPEEDWAY BLVD.  
CITY-ST-ZIP DAYTONA BEACH, FL 32114

TITLE MGRM ☐ Delete  
NAME LIEHTIGMAN, CHARLES  
STREET ADDRESS 1039 WEST INTERNATIONAL SPEEDWAY BLVD.  
CITY-ST-ZIP DAYTONA BEACH, FL 32114

TITLE MGRM ☐ Delete  
NAME ROSH, JON  
STREET ADDRESS 2300 MAITLAND CTR. PKWY, STE 306  
CITY-ST-ZIP MAITLAND, FL 32751

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
NAME TOWER, DEVIN  
STREET ADDRESS 444 SEABREEZE BLVD. STE 1000  
CITY-ST-ZIP DAYTONA BEACH, FL 32118

TITLE ☒ Change ☐ Addition  
NAME LIEHTIGMAN, CHARLES  
STREET ADDRESS 444 SEABREEZE BLVD. STE 1000  
CITY-ST-ZIP DAYTONA BEACH, FL 32118

TITLE ☒ Change ☐ Addition  
NAME ROSE, JON  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

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:

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

Date

Daytime Phone #