

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000026487

1. Entity Name
AIRPORT PHARMACY, LLC



Principal Place of Business
444 SEABREEZE BLVD
STE 1000
DAYTONA BEACH, FL 32118

Mailing Address
444 SEABREEZE BLVD
STE 1000
DAYTONA BEACH, FL 32118



02222008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
55-0840075

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LICHTIGMAN, CHARLES S
444 SEABREEZE BLVD
STE 1000
DAYTONA BEACH, FL 32118

**DO NOT WRITE
IN THIS SPACE**

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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000917694
05/13/08-80050-019 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	LICHTIGMAN, CHARLES
STREET ADDRESS	444 SEABREEZE BLVD, STE 1000
CITY-ST-ZIP	DAYTONA BEACH, FL 32118
TITLE	MGRM
NAME	ROSE, JON
STREET ADDRESS	2300 MAITLAND CTR. PKWY, STE 306
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, OR AUTHORIZED REPRESENTATIVE

4/18/08
Date

386-238-3600
Daytime Phone #