

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000028389

Entity Name: DISCOUNT MAIL MEDS, LLC

FILED
Jan 09, 2008
Secretary of State

Current Principal Place of Business:

4204 S FLORIDA AVE
SUITE D & E
LAKELAND, FL 33813

New Principal Place of Business:

Current Mailing Address:

PO BOX 5227
LAKELAND, FL 33807

New Mailing Address:

FEI Number: 14-1891650

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIDDY, MELINDA C
1200 LAKE POINT DR
LAKELAND, FL 33813 US

Name and Address of New Registered Agent:

LIDDY, MELINDA C
7320 OSPREY LANDING POINTE
LAKELAND, FL 33813 US

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.

SIGNATURE: MELINDA C LIDDY

01/09/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LIDDY, ROBERT B SR.
Address: 1200 LAKE POINT DR
City-St-Zip: LAKELAND, FL 33813 US

Title: MGR () Delete
Name: LIDDY, MELINDA C
Address: 1200 LAKE POINT DR
City-St-Zip: LAKELAND, FL 33813 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LIDDY, ROBERT B SR.
Address: 7320 OSPREY LANDING POINTE
City-St-Zip: LAKELAND, FL 33813 US

Title: MGR (X) Change () Addition
Name: LIDDY, MELINDA C
Address: 7320 OSPREY LANDING POINTE
City-St-Zip: LAKELAND, FL 33813 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MELINDA C LIDDY

MGR

01/09/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date