

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000028389

Entity Name: LIDDY'S PHARMACY, LLC

**FILED**  
**Jan 06, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

4204 S FLORIDA AVE  
SUITE 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  
7320 OSPREY LANDING POINTE  
LAKELAND, FL 33813 US

**Name and Address of New Registered Agent:**

LIDDY, MELINDA C  
5224 MEDORAS AVE  
ST AUGUSTINE, FL 32080 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

01/06/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: LIDDY, MELINDA C  
Address: 5224 MEDORAS AVE  
City-St-Zip: ST AUGUSTINE, FL 32080 US

I hereby 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

01/06/2012

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