

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 27, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000012500**

1. Entity Name  
**SUNSHINE PHARMACY SERVICES LTD. CO.**



Principal Place of Business  
**11414 CYPRESS BAY ST.  
CLERMONT, FL 34711**

Mailing Address  
**11414 CYPRESS BAY ST.  
CLERMONT, FL 34711**



05022008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**80-0093029**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**FOSU, KWAME DR.  
11414 CYPRESS BAY ST.  
CLERMONT, FL 34711**

**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 reappointing)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$538.75  
Due by September 12, 2008**

U000000952370  
06/04/08-80078-001 538.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FOSU, KWAME DR. 11414 CYPRESS BAY ST. CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FOSU, PATRICIA MRS. 11414 CYPRESS BAY ST. CLERMONT, FL 34711
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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

**5/14/08**

Date

**(321) 948-6636**

Daytime Phone #