2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 08, 2005 8:00 am
Secretary of State
03-08-2005 90027 001 ****55.00

DOCUMENT # L04000049539
1. Entity Name
VINTAGE PHARMACY LLC

20019250

Principal Place of Business	Mailing Address
906 AVENIDA CENTRAL THE VILLAGES, FL 32159	P.O. BOX 641 SORRENTO, FL 32776

01252005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
		PO BOX 67	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Lady lake	
City & State		City & State Lady lake Fla	
Zip	Country	Zip 32158	Country Lake

4. FEI Number 20-1402579 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HARRISON, PATTI M 912 W. MAUD STREET TAVARES, FL 32778	Name Patti M. Harrison Street Address (P.O. Box Number is Not Acceptable) 906 Avenida Central City The Villages FL Zip Code 32159

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 Patti M. Harrison 3/4/05
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			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HARRISON, PATTI M 906 AVENIDA CENTRAL THE VILLAGES, FL 32159	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Patti M. Harrison 3/4/05 (352) 308-6282
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #