

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000003825

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Entity Name:** THE WORKERS PHARMACY, LLC

**Current Principal Place of Business:**

6 ARAGON AVENUE  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 21026  
FT. LAUDERDALE, FL 33335 US

**New Mailing Address:**

**FEI Number:** 32-1027955      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

CAHLIN, RICHARD  
1001 BRICKELL BAY DRIVE, SUITE 1400  
MIAMI, FL 33131 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: D  
Name: CAHLIN, RICHARD  
Address: 1001 BRICKELL BAY DRIVE, SUITE 1400  
City-St-Zip: MIAMI, FL 33131 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: RICHARD CAHLIN

D

05/01/2012

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