


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90153 016 ****50.00

DOCUMENT # L05000013914 1. Entity Name SENIOR MEDICATION MANAGEMENT CONSULTING, L.L.C.					
Principal Place of Business 2813 SHIPSTON AVENUE NEW PORT RICHEY, FL 34655			Mailing Address 2813 SHIPSTON AVENUE NEW PORT RICHEY, FL 34655		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <div style="font-size: 1.2em; font-family: cursive;">20-4162744</div>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GRABOWSKI, STEPHEN J 2813 SHIPSTON AVENUE NEW PORT RICHEY, FL 34655				Name Street Address (P.O. Box Number is Not Acceptable) City	
				<div style="font-size: 1.2em; font-weight: bold;">FL</div> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRABOWSKI, STEPHEN J 2813 SHIPSTON AVENUE NEW PORT RICHEY, FL 34655			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<div style="text-align: center; font-size: 1.2em; font-family: cursive;">STEPHEN J. GRABOWSKI</div>					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<div style="display: flex; justify-content: space-between;"> 1-24-06 727-945-0760 </div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> Date Daytime Phone # </div>	