

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 05, 2006 8:00 am
Secretary of State

03-09-2006 90005 017 ****50.00

DOCUMENT # L05000119398 1. Entity Name DISCOUNTPHARMACYONLINELLC.					
Principal Place of Business 14536 CITRUS GROVE BLVD LOXAHATCHEE FL 33470			Mailing Address 14536 CITRUS GROVE BLVD LOXAHATCHEE FL 33470		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent PIGUET, CLAUDE 14536 CITRUS GROVE BOULEVARD LOXAHATCHEE FL 33470			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ Signature, typed or printed name of registered agent and fee is applicable (NOTE: Registered Agent signature required when re-registering)					
FILE NOW!!! FEE IS \$50.00. Make Check Payable to Florida Department of State. Due By May 1, 2006					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PIGUET, CLAUDE 14536 CITRUS GROVE BLVD LOXAHATCHEE FL 33470		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ 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 exemptions contained in Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE					
				Date	Daytime Phone #



1st MOORE CR2E083 (10/05)

4. FEI Number **20-3957125** Applied For
Not Applicable

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