## 2007 LIMITED LIABILITY COMPANY - ANNUAL REPORT

## FILED Mar 01, 2007 8:00 am Secretary of State

ANNOAL KEI OKI						Secretary or State			
1. Entity Nam	MENT # L06000002 № PHARMACY, LLC		03-01-2007 90192 001 ****50.00						
Principal Plac	e of Business			£8828258					
-		Mailing Address			60020250				
940 SW 82 A		940 SW 82 AVE Miami, FL 33144 US				i.			
MIAMI, FL 3	3144 US	MIAMI, FL 33144 US							
	Place of Business - No P.O. Box #	3. Mailing Address					<b> </b>	[8] [118]	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01112007	Chg-LLC	CR2E083 (12/			
City & State		City & State		·	4. FEI Numb	4066759		Applied For Not Applicable	
Zip	Country	Zip	Coun	try	5. Certificate	of Status Desired	□ \$5.00 Fee Req	Additional uired	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
				Name	Name				
FERNANDEZ, GAVROCHE 11320 NW 58 TERR				Street Address (	ddress (P.O. Box Number is Not Acceptable)				
DORAL, FL 33178									
· ·				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 obligat	ions of registered agent.						1 1.		
SIGNATURE Flowish 2/20/07/									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
Fi				check payable Department of S					
j	ue by May 1, 2007					riorida	Department of s	state	
9.	MANAGING MEMBE	ERS/MANAGERS	10.	<u> </u>	L	ADDITIONS/0	CHANGES		
TITLE	MGRM	☐ Defete	TITLE				☐ Char	nge 🔲 Addition	
NAME	FERNANDEZ, GAVROCHE		NAM	E				_	
STREET ADDRESS	11320 NW 58 TERR		STRE	ET ADDRESS					
CITY-ST-ZIP	DORAL, FL 33178		CITY	-ST-ZIP					
TITLE		☐ Delete	TITLE				☐ Chai	nge	
NAME			NAM					.,.	
STREET ADDRESS			STRE	ET ADDRESS					
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CITY-ST-ZIP			CITY	-ST-ZIP					
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NAME CIRCET ADDRESS			NAM	-					
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - ST-ZIP					
TITLÉ		☐ Delete	TITLE	·			☐ Chai	nge 🗌 Addition	
NAME		∟ Delete	NAM						
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP				-ST-ZIP					
	portify that the information as and a distance	this files does set success to			in Chapter 110	Florida Statutas 16::	that partify that the	information	
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.									
3/20/22 205 1/22 22/2									
1		11			~	/ ~ ~ / · ~			

SIGNATURE:
SIGNATURE AND TYPED A PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE