

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000007984

**FILED**  
**Mar 06, 2011**  
**Secretary of State**

**Entity Name:** SEASIDE FAMILY PHARMACY, LLC

**Current Principal Place of Business:**

4075 A1A SOUTH, SUITE 102  
ST. AUGUSTINE, FL 32080

**New Principal Place of Business:**

**Current Mailing Address:**

4075 A1A SOUTH, SUITE 102  
ST. AUGUSTINE, FL 32080

**New Mailing Address:**

**FEI Number:** 03-0579462

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PENNINGTON, JAMES D MANAGER  
115 SAN RAFAEL RD.  
ST. AUGUSTINE, FL 32080 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:** MGR  
**Name:** PENNINGTON, JAMES DENNIS  
**Address:** 4075 A1A SOUTH, SUITE 102  
**City-St-Zip:** ST. AUGUSTINE, FL 32080

**Title:** MGR  
**Name:** MCCARTY, DELAINE P  
**Address:** 4112 CREEKBLUFF DRIVE  
**City-St-Zip:** ST. AUGUSTINE, FL 32086

**Title:** MGR  
**Name:** BLANCO, RYAN  
**Address:** 117 BONITA DRIVE  
**City-St-Zip:** ST. AUGUSTINE, FL 32086

**Title:** MGR  
**Name:** MCCARTY, ANTHONY OBIE  
**Address:** 4112 CREEKBLUFF DRIVE  
**City-St-Zip:** ST. AUGUSTINE, FL 32086

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:** JAMES D. PENNINGTON

MGR

03/06/2011

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