

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000076674

FILED
Sep 04, 2007
Secretary of State

Entity Name: SOUTHSIDE PHARMACY, LLC

Current Principal Place of Business:

ROUTE 4 BOX 512
PRINCETON, VA 24740

New Principal Place of Business:

ROUTE 4 BOX 512
PRINCETON, WV 24740

Current Mailing Address:

ROUTE 4 BOX 512
PRINCETON, VA 24740

New Mailing Address:

ROUTE 4 BOX 512
PRINCETON, WV 24740

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BLUMER, ERIN
4 ELEVENTH AVE STE ONE
SHALIMAR, FL 32579 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 () Delete
Name: STAUFFER, SUSIE J
Address: ROUTE 4 BOX 512
City-St-Zip: PRINCETON, VA 24740

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: STAUFFER, SUSIE J
Address: ROUTE 4 BOX 512
City-St-Zip: PRINCETON, WV 24740

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: SUSIE STAUFFER

MGR

09/04/2007

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