

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED

08 JUN 25 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06112008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000115936

1. Entity Name
BUCKHORN PHARMACY, LLC



Principal Place of Business
1085 SOPCHOPPY HWY
SOPCHOPPY, FL 32358

Mailing Address
43 GREENLIN VILLA ROAD
CRAWFORDVILLE, FL 32327

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
30-0393056

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRANKLIN, FREDDIE
43 GREENLIN VILLA ROAD
CRAWFORDVILLE, FL 32327

Name *William Barnhart*
Street Address (P.O. Box Number is Not Acceptable)

10699 Versailles Blvd.
City *Wellington* FL Zip Code *33416*

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

William E. Barnhart

(NOTE: Registered Agent signature required when reinstating)

06/23/08

Amended AR is \$50.00

PSK

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE *
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BROWN, RITA
5578 PEDRICK PLANTATION CIRCLE
TALLAHASSEE, FL 32317

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
FRANKLIN, HELEN
43 GREENLIN VILLA ROAD
CRAWFORDVILLE, FL 32327

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
*06/26/08--01001--012 **10.00*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
800131712538
*06/26/08--01001--014 **50.00*

TITLE
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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.

SIGNATURE: *Helen Franklin*

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

06/11/08

Date

850 926-7302

Daytime Phone #