

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000002431

**FILED**  
**Feb 09, 2011**  
**Secretary of State**

**Entity Name:** NAVARRO DISTRIBUTION CENTER, LLC

**Current Principal Place of Business:**

9400 N.W. 104 STREET  
MEDLEY, FL 33178

**New Principal Place of Business:**

**Current Mailing Address:**

9400 N.W. 104 STREET  
MEDLEY, FL 33178

**New Mailing Address:**

**FEI Number:** 65-0204207

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NAVARRO DISCOUNT PHARMACIES, LLC  
9400 N.W. 104 STREET  
MEDLEY, FL 33178 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: MGRM  
Name: NAVARRO DISCOUNT PHARMACIES, LLC  
Address: 9400 NW 104TH STREET  
City-St-Zip: MEDLEY, FL 33178

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: JUAN M. ORTIZ

CFO

02/09/2011

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