

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000052715

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Entity Name:** SUPER DISCOUNT PHARMACY LLC

**Current Principal Place of Business:**

1423 SOUTH COLLINS  
PLANT CITY, FL 33563

**New Principal Place of Business:**

1423 SOUTH COLLINS STREET  
PLANT CITY, FL 33563

**Current Mailing Address:**

1423 SOUTH COLLINS  
PLANT CITY, FL 33563

**New Mailing Address:**

1423 SOUTH COLLINS STREET  
PLANT CITY, FL 33563

**FEI Number:** 26-0186101

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VELASQUEZ, MARTA  
38642 10TH AVE.  
ZEPHYRHILLS, FL 33542 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: MATHARU, MANJIT  
Address: 10215 QUAILS LANDING  
City-St-Zip: TAMPA, FL 33647

Title: MGRM  
Name: VELASQUEZ, MARTA  
Address: 38642 10TH AVE  
City-St-Zip: ZEPHYRHILLS, FL 33542

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: MANJIT MATHARU

MGRM

04/27/2011

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