

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000098377

**Entity Name:** UNIVERSITY DRUGS LLC

**FILED**  
**Apr 26, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

3220 COVE BEND ROAD  
TAMPA, FL 33613 US

**New Principal Place of Business:**

**Current Mailing Address:**

3220 COVE BEND ROAD  
TAMPA, FL 33613 US

**New Mailing Address:**

**FEI Number:** 26-1136450

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SMALL BUSINESS ACCOUNTING SERVICES  
202 CRYSTAL GROVE BLVD  
LUTZ, FL 33548 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:** JANOOWALLA, ZAINAB  
**Address:** 1042 BLACKWATER DR  
**City-St-Zip:** WESLEY CHAPEL, FL 33543 US

**Title:** MGRM  
**Name:** JANOOWALLA, MOIZ  
**Address:** 1042 BLACKWATER DR  
**City-St-Zip:** WESLEY CHAPEL, FL 33543 US

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:** MOIZ JANOOWALLA

MGRM

04/26/2010

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