

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000126145

Entity Name: HILLS PHARMACY, LLC

FILED  
Jan 11, 2008  
Secretary of State

**Current Principal Place of Business:**

21122 LAKE TALIA BLVD  
LAND O'LAKS, FL 34638

**New Principal Place of Business:**

21122 LAKE TALIA BLVD  
LAND O'LAKES, FL 34638

**Current Mailing Address:**

21122 LAKE TALIA BLVD  
LAND O'LAKS, FL 34638

**New Mailing Address:**

21122 LAKE TALIA BLVD  
LAND O'LAKES, FL 34638

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

COHEN, ROBERT F CPA  
2918 BUSCH LAKE BLVD  
TAMPA, FL 33614 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: ALADIUME, HOPE  
Address: 21122 LAKE TALIA BLVD  
City-St-Zip: LAND O'LAKES, FL 34638

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: HA

MGR

01/11/2008

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