

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000126145

Entity Name: HILLS PHARMACY, LLC

FILED
Feb 18, 2009
Secretary of State

Current Principal Place of Business:

7730 W.HILLSBOROUGH AV
TAMPA, FL 33615

New Principal Place of Business:

Current Mailing Address:

7730 W.HILLSBOROUGH AV
TAMPA, FL 33615

New Mailing Address:

FEI Number: 26-1770144

FEI Number Applied For ()

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: MGR () Delete
Name: GEORGE, KASEY
Address: 7730 W.HILLSBOROUGH AV
City-St-Zip: TAMPA, FL 33615

Title: MGR (X) Delete
Name: ALADIUME, HOPE
Address: 7730 W. HILLSBOROUGH AV
City-St-Zip: TAMPA, FL 33615

ADDITIONS/CHANGES:

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

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

02/18/2009

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