

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000035212

Entity Name: ANTONIO PHARMACY LLC

FILED  
Jun 23, 2009  
Secretary of State

**Current Principal Place of Business:**

923 SW 122ND AVENUE  
MIAMI, FL 33184 US

**New Principal Place of Business:**

**Current Mailing Address:**

5302 NW 125TH AVE  
CORAL SPRINGS, FL 33076 US

**New Mailing Address:**

923 SW 122ND AVENUE  
MIAMI, FL 33184 US

FEI Number: 80-0250138      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

SALAMI, ANTHONY  
923 SW 122ND AVENUE  
MIAMI, FL 33184 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: SALAMI, ANTHONY  
Address: 923 SW 122ND AVENUE  
City-St-Zip: MIAMI, FL 33184 US

Title: MGR ( ) Delete  
Name: SALAMI, VANESSA  
Address: 923 SW 122ND AVENUE  
City-St-Zip: MIAMI, FL 33184 US

**ADDITIONS/CHANGES:**

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

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: OSALAMI

MGR

06/23/2009

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