

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000035212

**FILED**  
**Jan 07, 2010**  
**Secretary of State**

**Entity Name:** ANTONIO PHARMACY LLC

**Current Principal Place of Business:**

923 SW 122ND AVENUE  
MIAMI, FL 33184 US

**New Principal Place of Business:**

4450 N STATE RD 7  
SUITE 7  
COCONUT, FL 33073 US

**Current Mailing Address:**

923 SW 122ND AVENUE  
MIAMI, FL 33184 US

**New Mailing Address:**

4450 N STATE ROAD 7  
SUITE 7  
COCONUT CREEK, FL 33073 US

**FEI Number:** 80-0250138

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SALAMI, ANTHONY  
923 SW 122ND AVENUE  
MIAMI, FL 33184 US

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

SALAMI, ANTHONY  
4450 N STATE ROAD 7  
SUITE 7  
COCONUT CREEK, FL 33073 US

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: \_\_\_\_\_

01/07/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: SALAMI, ANTHONY  
Address: 4450 N STATE ROAD 7 SUITE 7  
City-St-Zip: COCONUT CREEK, FL 33073 US

Title: MGR  
Name: SALAMI, VANESSA  
Address: 4450 N STATE ROAD 7  
City-St-Zip: COCONUT CREEK, FL 33073 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: ANTHONY SALAMI

MGR

01/07/2010

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