

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000041342

FILED
Feb 06, 2009
Secretary of State

Entity Name: SEFFNER PHARMACY, LLC.

Current Principal Place of Business:

735 W MARTIN LUTHER KING BLVD
SEFFNER, FL 33584 US

New Principal Place of Business:

Current Mailing Address:
10956 N 56TH STREET
200
TEMPLE TERRACE, FL 33617 US

New Mailing Address:

735 W MLK BLVD
SEFFNER, FL 33584 US

FEI Number: 26-2486326 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOLLARS & SENSE COMP ACTG INC
10956 N 56TH STREET
200
TEMPLE TERRACE, FL 33617 US

Name and Address of New Registered Agent:

ONWUOGU-OKAFOR, CHRISTIAN
735 W. MLK BLVD
SEFFNER, FL 33584 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: CHRISTIAN ONWUOGU-OKAFOR

02/06/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ONWUOGU-OKAFOR, CHRISTIAN
Address: 6 PAUL AVENUE
City-St-Zip: PEABODY, MA 01960 US

ADDITIONS/CHANGES:

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

Title: MGRM () Delete
Name: ONWUOGU-OKAFOR, IJEOMA
Address: 6 PAUL AVENUE
City-St-Zip: PEABODY, MA 01960 US

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: CHRISTIAN ONWUOGU-OKAFOR

MR

02/06/2009

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