

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000046599

Entity Name: LAVISH APOTHECARY LLC

FILED
Feb 26, 2009
Secretary of State

Current Principal Place of Business:

2833 RAMINGTON GREEN CIRCLE
TALLAHASSEE, FL 32308

New Principal Place of Business:

2833 REMINGTON GREEN CIRCLE
TALLAHASSEE, FL 32308

Current Mailing Address:

P.O. BOX 13678
TALLAHASSEE, FL 32317

New Mailing Address:

FEI Number: 26-3486639

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRUNER, NANCY
2833 RAMINGTON GREEN CIRCLE
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

MOODY, BRENT
2833 REMINGTON GREEN CIRCLE
TALLAHASSEE, FL 32308 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: BRENT MOODY

02/26/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BRUNER, NANCY
Address: 2833 RAMINGTON GREEN CIRCLE
City-St-Zip: TALLAHASSEE, FL 32308

Title: MGRM () Delete
Name: MOODY, BRENT
Address: 2833 RAMINGTON GREEN CIRCLE
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MOODY, NANCY
Address: 2833 REMINGTON GREEN CIRCLE
City-St-Zip: TALLAHASSEE, FL 32308

Title: MGRM (X) Change () Addition
Name: MOODY, BRENT
Address: 2833 REMINGTON GREEN CIRCLE
City-St-Zip: TALLAHASSEE, FL 32308

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: BRENT MOODY

MGRM

02/26/2009

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