

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000048034

**Entity Name:** TROLICE PHARMACY, LLC

**FILED**  
**Jan 05, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

5931 BRICK COURT  
WINTER PARK, FL 32792

**New Principal Place of Business:**

**Current Mailing Address:**

5931 BRICK COURT  
WINTER PARK, FL 32792

**New Mailing Address:**

**FEI Number:** 26-2601908

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TROLICE, MARK P  
5931 BRICK COURT  
WINTER PARK, FL 32792 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: MGRM  
Name: TROLICE, MARK P  
Address: 5931 BRICK COURT  
City-St-Zip: WINTER PARK, FL 32792

Title: MGR  
Name: TROLICE, ANDREA E  
Address: 5931 BRICK COURT  
City-St-Zip: WINTER PARK, FL 32792

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: MARK TROLICE

MGRM

01/05/2010

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