

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000053484

Entity Name: TVPHARMACIST L.L.C.

**FILED**  
**Apr 23, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

9011 PARK BLVD #206  
SEMINOLE, FL 33777

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 7398  
SEMINOLE, FL 337757398

**New Mailing Address:**

9011 PARK BLVD #206  
SEMINOLE, FL 33777

FEI Number: 26-2788637

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BOSCO, TRANG V  
9011 PARK BLVD #206  
SEMINOLE, FL 33777 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: VU BOSCO, TRANG  
Address: PO BOX 7398  
City-St-Zip: SEMINOLE, FL 33775

Title: MGRM  
Name: PATEL, KANISHA  
Address: 601 ROSERY RD #115  
City-St-Zip: LARGO, FL 33770

Title: MGRM  
Name: BOSCO, DAVID M  
Address: 841 3RD AVE NW  
City-St-Zip: LARGO, FL 33770

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: TRANG BOSCO

MGRM

04/23/2010

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