2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 23, 2009
Secretary of State

DOCUMENT# L08000082975

Entity Name: DISCOUNT PHARMACY OF PINES LLC

Current Principal Place of Business:

12201 PEMBROKE RD.
PEMBROKE PINES, FL 33025 US

New Principal Place of Business:

Current Mailing Address:

12201 PEMBROKE RD.
PEMBROKE PINES, FL 33025 US

New Mailing Address:

FEI Number: 90-0410273 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

TRUXELL, JORDAN
12201 PEMBROKE RD.
PEMBROKE PINES, FL 33025 US

Name and Address of New Registered Agent:

LOVINS, ALI
3590 NW 89 WAY
COOPER CITY, FL 33025 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: ALI LOVINS 06/23/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: TRUXELL, JORDAN
Address: 13300 S.W. 16TH CT.
City-St-Zip: DAVIE, FL 33325 US

ADDITIONS/CHANGES:

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: JORDAN TRUXELL MGR 06/23/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date