

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000082975

**FILED**  
**Feb 03, 2010**  
**Secretary of State**

**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 ( )**

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

LOVINS, ALI  
3590 NW 89 WAY  
COOPER CITY, FL 33025 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:** TRUXELL, JORDAN  
**Address:** 13300 S.W. 16TH CT.  
**City-St-Zip:** DAVIE, FL 33325 US

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:** JORDAN C. TRUXELL

MGRM

02/03/2010

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