

LD8000082975

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(Address)

(City/State/Zip/Phone #)

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**FILED**  
**Aug 08, 2011 08:00 AM**  
**Secretary of State**

**D. BRUCE**

**AUG 09 2011**

**EXAMINER**

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Discount Pharmacy of Pines  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jordan Truxell  
Name of Person

Discount Pharmacy of Pines  
Firm/Company

12201 Pembroke Rd  
Address

Pembroke Pines FL 33025  
City/State and Zip Code

discountpharmacyofpines@yahoo.com  
E-mail address: (to be used for future annual report notification)

**FILED**  
**Aug 08, 2011 08:00 AM**  
**Secretary of State**

For further information concerning this matter, please call:

Jordan Truxell at (954) 885-4285  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. Name of the limited liability company: Discount Pharmacy of Pines

2. (a) Principal office address of limited liability company: \_\_\_\_\_

**(Note: MUST BE STREET ADDRESS)**

12201 Pembroke Rd  
Pembroke Pines FL 33025

(b) Mailing address of limited liability company: \_\_\_\_\_

**(Note: MAY BE POST OFFICE BOX)**

12201 Pembroke Rd  
Pembroke Pines FL 33025

L08000082975

3. Date of filing/registration in Florida \_\_\_\_\_

4. Document number \_\_\_\_\_

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: \_\_\_\_\_

Ali Louinis

Registered Office Address: \_\_\_\_\_

3590 NW 89th Ave  
Cooper City FL 33025

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW Registered Agent:** \_\_\_\_\_

Mark Cohen

**NEW Registered Office Address:** \_\_\_\_\_

**(MUST BE FLORIDA STREET ADDRESS)**

4000 Hollywood Blvd.  
STE 435 So  
Hollywood FL 33021

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member \_\_\_\_\_

Jordan Thurett

Printed or typed name of signee

**FILED**

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**Secretary of State**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Signature of Registered Agent \_\_\_\_\_

**Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314**

**FILING FEE: \$25.00**