

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000100729

**FILED**  
**Nov 20, 2013**  
**Secretary of State**

**Entity Name:** R.A. PHARMACY HOLDINGS, LLC

**Current Principal Place of Business:**

1720 HARRISON STREET  
SUITE 17A  
HOLLYWOOD, FL 33020 US

**New Principal Place of Business:**

**Current Mailing Address:**

1720 HARRISON STREET  
SUITE 17A  
HOLLYWOOD, FL 33020 US

**New Mailing Address:**

**FEI Number:** 27-1145554

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SMOLER, BRUCE J  
2611 HOLLYWOOD BOULEVARD  
HOLLYWOOD, FL 33020 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:** BRUCE J. SMOLER

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** MEHABER, EYAL  
**Address:** 1720 HARRISON STREET, SUITE 17A  
**City-St-Zip:** HOLLYWOOD, FL 33020

**Title:** MGR  
**Name:** TORDJMAN, ISAAC  
**Address:** 1720 HARRISON STREET, SUITE 17A  
**City-St-Zip:** HOLLYWOOD, FL 33020

**Title:** MGR  
**Name:** NEMNI, SIMON  
**Address:** 1720 HARRISON STREET, SUITE 17A  
**City-St-Zip:** HOLLYWOOD, FL 33020

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:** EYAL MEHABER

MGR

11/20/2013

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