

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000105099

FILED
Jan 06, 2010
Secretary of State

Entity Name: NORTHCLIFFE PHARMACY LLC

Current Principal Place of Business:

13414 WHITEHAVE CT
SPRING HILL, FL 34609

New Principal Place of Business:

Current Mailing Address:

13414 WHITEHAVE CT
SPRING HILL, FL 34609

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AREMANDA, ANIL KUMAR
13414 WHITEHAVEN CT
SPRING HILL, FL 34609 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: MGR
Name: AREMANDA, ANIL KUMAR
Address: 13414 WHITEHAVEN CT
City-St-Zip: SPRING HILL, FL 34609

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: ANIL

MGRM

01/06/2010

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