

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000109545

**FILED**  
**Jul 07, 2010**  
**Secretary of State**

**Entity Name:** NEIGHBOURHOOD PHARMACY, LLC

**Current Principal Place of Business:**

1497 TAMPA PARK PLAZA  
TAMPA, FL 33605 US

**New Principal Place of Business:**

1497 NEBRASKA AVE  
TAMPA, FL 33605 US

**Current Mailing Address:**

P.OBOX 271512  
TAMPA, FL 33688 US

**New Mailing Address:**

P.O. BOX 271512  
TAMPA, FL 33688 US

**FEI Number:** 27-1385505

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CARREGAL, ALAN  
5008 W . LINEBAUGH AVE .,  
SUITE 1  
TAMPA, FL 33624 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: DAUDU, MOPELOLA  
Address: 1497 NEBRASKA AVE  
City-St-Zip: TAMPA, FL 33605

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: MD

MGR

07/07/2010

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