

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000040534

**FILED**  
**Apr 06, 2011**  
**Secretary of State**

**Entity Name:** ALEXANDER PHARMACY LLC.

**Current Principal Place of Business:**

6530 PARK BLVD.  
PINELLAS PARK, FL 33781

**New Principal Place of Business:**

**Current Mailing Address:**

839 180TH AVENUE E.  
REDINGTON SHORES, FL 33708

**New Mailing Address:**

6530 PARK BLVD.  
PINELLAS PARK, FL 33781

**FEI Number:** 27-1693815

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HUYNH, MONGTRINH  
839 180TH AVENUE EAST  
REDINGTON SHORES, FL 33708 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:** HUYNH, MONGTRINH  
**Address:** 839 180TH AVENUE E  
**City-St-Zip:** REDINGTON SHORES, FL 33708

**Title:** MGRM  
**Name:** HUYNH, TRI  
**Address:** 839 180TH AVENUE E  
**City-St-Zip:** REDINGTON SHORES, FL 33708

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:** MONGTRINH HUYNH

MGR

04/06/2011

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