

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000077766

**FILED**  
**Apr 03, 2011**  
**Secretary of State**

**Entity Name:** BLUE SKY DISCOUNT PHARMACY LLC

**Current Principal Place of Business:**

115 HICKORY ST SUITE 101  
WEST MELBOURNE, FL 32904

**New Principal Place of Business:**

**Current Mailing Address:**

115 HICKORY ST SUITE 101  
WEST MELBOURNE, FL 32904

**New Mailing Address:**

**FEI Number:** 27-2893005

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

THORNTON-WRIGHT, DEADRA  
318 ARAPAHOE LN  
PALM BAY, FL 32907 US

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

THORNTON-WRIGHT, DEADRA  
415 GODFREY RD.  
PALM BAY, FL 32909 US

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:

04/03/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: THORNTON-WRIGHT, DEADRA  
Address: 415 GODFREY RD.  
City-St-Zip: PALM BAY, FL 32909

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: DEADRA THORNTON-WRIGHT

MGR

04/03/2011

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