

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000108529

Entity Name: PHARMACYDIRECT, LLC

**FILED**  
**Mar 06, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

12515 PALM RD  
NORTH MIAMI, FL 33181 US

**New Principal Place of Business:**

**Current Mailing Address:**

12515 PALM RD  
NORTH MIAMI, FL 33181 US

**New Mailing Address:**

FEI Number: 45-0828521

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CAO, ALLAN DR.  
12515 PALM RD  
N MIAMI, FL 33181 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: CAO, ALLAN  
Address: 12515 PALM RD  
City-St-Zip: N MIAMI, FL 33181 US

Title: MGR  
Name: MAHIQUES, EDITH  
Address: 12515 PALM RD  
City-St-Zip: N MIAMI, FL 33181 US

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: ALLAN CAO

MGR

03/06/2012

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