

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000114967

**FILED**  
**Jan 25, 2011**  
**Secretary of State**

**Entity Name:** WILTON FAMILY PHARMACY, LLC

**Current Principal Place of Business:**

2168 WILTON DR  
WILTON MANORS, 33305 US

**New Principal Place of Business:**

2168 WILTON DR  
WILTON MANORS, FL 33305 US

**Current Mailing Address:**

PO BOX 23840  
FT LAUDERDALE, FL 33307

**New Mailing Address:**

**FEI Number:** 27-3844832      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

GONZALEZ, RONALD E  
2168 WILTON DR  
WILTON MANORS, FL 33305 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:** MGMTM  
**Name:** GONZALEZ,, RONALD E  
**Address:** 2168 WILTON DR  
**City-St-Zip:** WILTON MANORS, FL 33305

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: RONALD GONZALEZ      MGMTM      01/25/2011

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