

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000032590

**Entity Name:** TAVARES PHARMACY LLC

**FILED**  
**Jan 04, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

524 DUNCAN ST  
TAVARES, FL 32778

**New Principal Place of Business:**

524 S DUNCAN DR  
TAVARES, FL 32778

**Current Mailing Address:**

6108 TREMAYNE DR  
MOUNT DORA, FL 32757

**New Mailing Address:**

524 S DUNCAN DR  
TAVARES, FL 32778

**FEI Number:** 45-1298511

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ANWAR, MD.KHORSHED  
6108 TREMAYNE DR  
MOUNT DORA, FL 32757 US

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

ANWAR, MD K  
6108 TREMAYNE DR  
MOUNT DORA, FL 32757 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: MD ANWAR

01/04/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: ANWAR, MD K  
Address: 6108 TREMAYNE DR  
City-St-Zip: MOUNT DORA, FL 32757

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 ANWAR

MGR

01/04/2012

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