

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000033039

**FILED**  
**Feb 08, 2012**  
**Secretary of State**

**Entity Name:** SOUTH WALTON PHARMACY LLC

**Current Principal Place of Business:**

19 TOWN CENTER LOOP  
UNIT 1A  
SANTA ROSA BEACH, FL 32459

**New Principal Place of Business:**

**Current Mailing Address:**

19 TOWN CENTER LOOP  
UNIT 1A  
SANTA ROSA BEACH, FL 32459

**New Mailing Address:**

**FEI Number:** 45-0907542

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ELLISON, JOAN L  
4646 MILLERS FERRY RD  
VERNON, FL 32462 US

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

ELLISON, JOAN L  
63 FAIRWAY DRIVE  
SANTA ROSA BEACH, FL 32459 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:** JOAN L. ELLISON

02/08/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** ELLISON, JOAN L  
**Address:** 63 FAIRWAY DRIVE  
**City-St-Zip:** SANTA ROSA BEACH, FL 32459

**Title:** MGR  
**Name:** ELLISON, DALLAS M  
**Address:** 63 FAIRWAY DRIVE  
**City-St-Zip:** SANTA ROSA BEACH, FL 32459

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:** DALLAS M. ELLISON

MGR

02/08/2012

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