

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L98000000986

1. Entity Name  
WELAKA PHARMACY, L.L.C.



**FILED**  
**Jul 07, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business

698 3RD AVENUE  
WELAKA, FL 32193

Mailing Address

1125 NORTH SUMMIT STREET  
CRESCENT CITY, FL 32112-1721



07022008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3520637

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BUTLER, WILLIAM E  
1125 NORTH SUMMIT STREET  
CRESCENT CITY, FL 32112

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$538.75**  
**Due by September 12, 2008**

U00000953630  
07/07/08-80007-003 538.75

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRP  
FLETCHER, WARREN D  
1125 NORTH SUMMIT STREET  
CRESCENT CITY, FL 32112

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRS  
BUTLER, WILLIAM E  
11254 N SUMMIT ST  
CRESCENT CITY, FL 32112

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRV  
BALL, THOMAS P  
STRICKLER RD  
LAKE COMO, FL 32157

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*William E. Butler* WILLIAM E. BUTLER 7/3/08 (386) 698-3737