

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000000986

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

FILED  
Apr 20, 2009  
Secretary of State

**Current Principal Place of Business:**

698 3RD AVENUE  
WELAKA, FL 32193

**New Principal Place of Business:**

**Current Mailing Address:**

1125 NORTH SUMMIT STREET  
CRESCENT CITY, FL 321121721

**New Mailing Address:**

FEI Number: 59-3520637

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

BUTLER, WILLIAM E  
1125 NORTH SUMMIT STREET  
CRESCENT CITY, FL 32112 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: MGRP ( ) Delete  
Name: FLETCHER, WARREN D  
Address: 1125 NORTH SUMMIT STREET  
City-St-Zip: CRESCENT CITY, FL 32112

Title: MGRS ( ) Delete  
Name: BUTLER, WILLIAM E  
Address: 11254 N SUMMIT ST  
City-St-Zip: CRESCENT CITY, FL 32112

Title: MGRV ( ) Delete  
Name: BALL, THOMAS P  
Address: STRICKLER RD  
City-St-Zip: LAKE COMO, FL 32157

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: WILLIAM E. BUTLER

MGRS

04/20/2009

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