

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000000986

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

FILED
Apr 20, 2010
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
Name: FLETCHER, WARREN D
Address: 1125 NORTH SUMMIT STREET
City-St-Zip: CRESCENT CITY, FL 32112

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

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

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: WILLIAM E. BUTLER

MGRS

04/20/2010

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