

MIS000006066

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

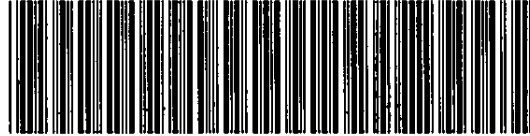
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/03/16--01012--019 **48.75

M. MILLIGAN
EXAMINER

JUN 16

2016 JUN 15 AM 10:35
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 14, 2016

PHARMACENTER LLC
ATTN: MARIO MEDRI
15851 SW 41 ST.
DAVIE, FL 33331

SUBJECT: PHARMACENTER LLC
Ref. Number: M15000006066

We have received your document for PHARMACENTER LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida corporation, but your entity is a foreign limited liability company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Michelle Milligan
Senior Section Administrator

Letter Number: 416A00012346

MR

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PHARMACENTER LLC

Name of Foreign Limited Liability Company

2016 JUN 15 PM 2:54
TALLAHASSEE, FLORIDA

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MEDRI, MARIO W

Name of Person

PHARMACENTER LLC

Firm/Company

15851 SW 41ST STREET STE 300

Address

DAVIE, FL 33331

City/State and Zip Code

josorno@pharmacenterusa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mario Medri

Name of Person

at (973) 652-1381

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☒ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: PHARMACENTER LLC

Enter new principal office address, if applicable: _____

(Principal office address

MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address

MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M15000006066

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 08/25/15 7/29/15

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, Florida _____
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

P JAIRO OSORNO 8720 ABBOTT AVE. ☐ Add
SURFSIDE, FL 33154 ☒ Remove

COO JOSE GUERRA 7948 VENETIAN ST ☐ Add
MIRAMAR, FL 33023 ☒ Remove

S RICHARD J, CARTER, JR. P.O. BOX 777 ☐ Add
ORLEANS, MA 02653 ☒ Remove

☐ Add

☐ Remove

_____ ☐ Add

☐ Remove

Signature of the authorized representative

Mario Medri

Filing Fee: \$25.00

FILE
2016 JUN 15 AM 10:35
SECRETARY OF STATE
TALLAHASSEE FLORIDA