

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000035212

**Entity Name:** ANTONIO PHARMACY LLC

**Current Principal Place of Business:**

7202 SOUTHGATE BLVD.  
NORTH LAUDERDALE, FL 33068

**Current Mailing Address:**

7202 SOUTHGATE BLVD.  
NORTH LAUDERDALE, FL 33068 US

**FEI Number:** 80-0250138

**Certificate of Status Desired:** No

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

SALAMI, ANTHONY  
4450 N STATE ROAD 7  
SUITE 7  
COCONUT CREEK, FL 33073 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name SALAMI, ANTHONY  
Address 4450 N STATE ROAD 7 SUITE 7  
City-State-Zip: COCONUT CREEK FL 33073

Title MGR  
Name SALAMI, VANESSA  
Address 4450 N STATE ROAD 7  
City-State-Zip: COCONUT CREEK FL 33073

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ANTHONY SALAMI

**MANAGER**

**03/01/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date