

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000054067

**Entity Name:** NAVARRO SPECIALTY SERVICES, LLC

**Current Principal Place of Business:**

9400 NW 104TH STREET  
SUITE A  
MEDLEY, FL 33178

**Current Mailing Address:**

9400 NW 104 STREET  
MEDLEY, FL 33178

**FEI Number:** 45-2121629

**Certificate of Status Desired:** Yes

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

NAVARRO DISCOUNT PHARMACIES, LLC  
9400 NW 104TH STREET  
MEDLEY, FL 33178 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 MGRM  
Name NAVARRO DISCOUNT PHARMACIES,  
LLC  
Address 9400 NW 104TH STREET  
City-State-Zip: MEDLEY FL 33178

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JUAN M. ORTIZ

**CHIEF EXECUTIVE  
OFFICER**

**01/29/2013**

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

\_\_\_\_\_  
Date