

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000103508

Entity Name: GROVE PHARMACY & AA MEDICAL SUPPLY LLC

Current Principal Place of Business:

3692 GRAND AVE., STE. B
MIAMI, FL 33133

Current Mailing Address:

1234 SOUTH DIXIE HWY, STE. 324
CORAL GABLES, FL 33146

FEI Number: 45-3213874

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MICHAEL WOLOWITZ, P.A.
3692 GRAND AVE.
MIAMI, FL 33133 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: MICHAEL WOLOWITZ

04/23/2015

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name WEISBEIN, RAYMOND
Address 3692 GRAND AVE., STE. B
City-State-Zip: MIAMI FL 33133

Title S
Name WEISBEIN, SELMA
Address 3692 GRAND AVE., STE. B
City-State-Zip: MIAMI FL 33133

Title T
Name MESA, ALFREDO
Address 3692 GRAND AVE., STE. B
City-State-Zip: MIAMI FL 33133

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: ALFREDO MESA

VP

04/23/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date