

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000096762

Entity Name: SUNRISE PHARMACY LLC

Current Principal Place of Business:

4000 N STATE ROAD 7, SUITE 103
LAUDERDALE LAKES, FL 33319

Current Mailing Address:

4000 N STATE ROAD 7, SUITE 103
LAUDERDALE LAKES, FL 33319 US

FEI Number: 46-0868137

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

OLUMIDE, OLUWOLE A PHARM D, RPH
4000 N STATE ROAD 7, SUITE 103
LAUDERDALE LAKES, FL 33319 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: OLUWOLE OLUMIDE

04/27/2015

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name OLUWOLE OLUMIDE PHARM D, RPH
Address 4000 N STATE ROAD 7, SUITE 103
City-State-Zip: LAUDERDALE LAKES FL 33319

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: OLUWOLE OLUMIDE

MANAGER

04/27/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date