

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000003874

FILED
Jan 18, 2007
Secretary of State

Entity Name: DANIEL SECKLER, CONSULTANT PHARMACIST, LLC

Current Principal Place of Business:

2439 ROLLING OAKS DR.
PALM HARBOR, FL 34683

New Principal Place of Business:

Current Mailing Address:

2439 ROLLING OAKS DR.
PALM HARBOR, FL 34683

New Mailing Address:

FEI Number: 02-0560339 **FEI Number Applied For** () **FEI Number Not Applicable** () **Certificate of Status Desired** (X)

Name and Address of Current Registered Agent:

SECKLER, DANIEL A
2439 ROLLING OAKS DR.
PALM HARBOR, FL 34683 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: SECKLER, DANIEL A
Address: 2439 ROLLING OAKS DR
City-St-Zip: PALM HARBOR, FL 34683

Title: VPS (X) Delete
Name: SECKLER, DOROTHY J
Address: 2439 ROLLING OAKS DR
City-St-Zip: PALM HARBOR, FL 34683

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: DANIEL A. SECKLER

P

01/18/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date