

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000080556

**Entity Name:** MED THINRX, LLC

**Current Principal Place of Business:**

ERIC WEINSTOCK  
5005 W LAUREL ST SUITE 99  
TAMPA, FL 33607

**Current Mailing Address:**

ERIC WEINSTOCK  
5005 W LAUREL ST SUITE 99  
TAMPA, FL 33607 US

**FEI Number:** 26-4252512

**Certificate of Status Desired:** No

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

WEINSTOCK, ERIC L  
ERIC WEINSTOCK  
5005 W LAUREL ST SUITE 99  
TAMPA, FL 33607 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 WEINSTOCK, ERIC L  
Address ERIC WEINSTOCK  
5005 W LAUREL ST SUITE 99  
City-State-Zip: TAMPA FL 33607

*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:** ERIC WEINSTOCK

**OWNER**

**01/15/2016**

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

\_\_\_\_\_ Date