

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000009623

Entity Name: AXRX, L.L.C.

FILED
Feb 09, 2007
Secretary of State

Current Principal Place of Business:

4737 N OCEAN DR
PMB 214
FT LAUDERDALE, FL 33308

New Principal Place of Business:

Current Mailing Address:

4737 N OCEAN DR
PMB 214
FT LAUDERDALE, FL 33308

New Mailing Address:

FEI Number: 43-2006809

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EISENKEIT, ARON
4737 N OCEAN DR
PMB 214
FT LAUDERDALE, FL 33308 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: MGR () Delete
Name: AXRX, LLC,
Address: ARON EISENKEIT, 4737 N. OCEAN DR, PMB 214
City-St-Zip: FT LAUDERDALE, FL 33308

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: AXRX, LLC,
Address: 4737 N. OCEAN DR, PMB 214
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: MGR () Change (X) Addition
Name: WOOD, ROGER
Address: 4737 N. OCEAN DRIVE, PMB 214
City-St-Zip: FORT LAUDERDALE, FL 33308

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: ROGER WOOD

MGR

02/09/2007

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