


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000020909 1. Entity Name RX FRIENDS, LLC	
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Principal Place of Business 8152 BRINEGAR CIRCLE TAMPA, FL 33647	Mailing Address 8152 BRINEGAR CIRCLE TAMPA, FL 33647
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DO NOT WRITE IN THIS SPACE



01092007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 16-1671053	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PATIDAR, KIRIT
8152 BRINEGAR CIR.
TAMPA, FL 33647

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**


000000534617
01/23/07-80008-001 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATIDAR, KIRIT 8152 BRINEGAR CIRCLE TAMPA, FL 8152 BRIN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AMIN, CHIRAG 20014 NAH OAK AVE TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHAH, MIHIR 25810 KIRKWOOD SQUARE SOUTH RIDING, VA 20152
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  KIRIT PATIDAR 1/19/07 813-977-2991

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #