

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000020909

1. Entity Name
RX FRIENDS, LLC



Principal Place of Business

8152 BRINEGAR CIRCLE
TAMPA, FL 33647

Mailing Address

8152 BRINEGAR CIRCLE
TAMPA, FL 33647



01092008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
16-1671053

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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01/16/08-80026-014-138.75

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Kirit Patidar, 1/9/08 813-977-2911