

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90018 035 ****50.00

DOCUMENT # L04000067015

1. Entity Name
ROBAX, LLC



Principal Place of Business
3949 E. HIBISCUS ST.
WESTON, FL 33332

Mailing Address
3949 E. HIBISCUS ST.
WESTON, FL 33332

40020400



2. Principal Place of Business

11406 Canyon Maple Blvd

Suite, Apt. #, etc.

3. Mailing Address

11406 Canyon Maple Blvd

Suite, Apt. #, etc.

02272006 Chg-LLC CR2E083 (11/05)

City & State

Davie, FL

City & State

Davie, FL

4. FEI Number

55-0880689

Applied For

Not Applicable

Zip
33330

Country

Zip

33330

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CHERIAN, SAMUEL
3949 E. HIBISCUS ST.
WESTON, FL 33332

7. Name and Address of New Registered Agent

Name Cherian Samuel

Street Address (P.O. Box Number is Not Acceptable)
11406 Canyon Maple Blvd

City Davie

FL

Zip Code 33330

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

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME CHERIAN, SAMUEL ☐ Delete
STREET ADDRESS 3949 E. HIBISCUS ST.
CITY-ST-ZIP WESTON, FL 33332

TITLE MGR
NAME SAMUEL, SHIRLEY ☐ Delete
STREET ADDRESS 3949 E. HIBISCUS ST.
CITY-ST-ZIP WESTON, FL 33332

TITLE MGR
NAME TORADOL LIMITED PARTNERSHIP ☐ Delete
STREET ADDRESS 3949 E. HIBISCUS ST.
CITY-ST-ZIP WESTON, FL 33332

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR ☒ Change ☐ Addition
NAME Cherian Samuel
STREET ADDRESS 11406 Canyon Maple Blvd
CITY-ST-ZIP Davie, FL 33330

TITLE MGR ☒ Change ☐ Addition
NAME Shirley Samuel
STREET ADDRESS 11406 Canyon Maple Blvd
CITY-ST-ZIP Davie, FL 33330

TITLE MGR ☒ Change ☐ Addition
NAME Toradol Limited Partnership
STREET ADDRESS 11406 Canyon Maple Blvd
CITY-ST-ZIP Davie, FL 33330

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/6/06 9544724259