

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000088588

FILED  
Apr 02, 2007  
Secretary of State

**Entity Name:** INSIDE OUT OUTSIDE IN RX, LLC

**Current Principal Place of Business:**

2415 WEST LYNDELL DR.  
KISSIMMEE, FL 34741 US

**New Principal Place of Business:**

**Current Mailing Address:**

2415 WEST LYNDELL DR.  
KISSIMMEE, FL 34741 US

**New Mailing Address:**

**FEI Number:** 06-1736289

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCCARTHY, JOHN S DR.  
1603 HEATHER FIELDS CT.  
ORANGE PARK, FL 32003 US

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

MCCARTHY, JOHN S DR.  
3335 MORELYN CREST CIR.  
ORLANDO, FL 32828 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:**

04/02/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR ( ) Delete  
**Name:** LEIMER, LESLI DR.  
**Address:** 4401 SOUTH ORANGE AV.  
**City-St-Zip:** ORLANDO, FL 32806 US

**Title:** MGR ( ) Delete  
**Name:** MONTOYA, TONYA  
**Address:** 2415 WEST LYNDELL DR.  
**City-St-Zip:** KISSIMMEE, FL 34741 US

**ADDITIONS/CHANGES:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

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:** TONYA MONTOYA

MGR

04/02/2007

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