

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 14, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # L05000003164

1. Entity Name  
RADEX, LLC



Principal Place of Business

800 W. DR. MLK, JR. BLVD., STE. 1  
TAMPA, FL 33603

Mailing Address

800 W. DR. MLK, JR. BLVD., STE. 1  
TAMPA, FL 33603



01042008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-2265862

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

PEREZ, JAIME M.D.  
800 W. DR. MLK, JR. BLVD., STE. 1  
TAMPA, FL 33603

**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          | P                                     |
| NAME           | PEREZ, JAIME MD                       |
| STREET ADDRESS | 800 W. MARTIN LUTHER KING BLVD. STE 1 |
| CITY-ST-ZIP    | TAMPA, FL 33603                       |
| TITLE          |                                       |
| NAME           |                                       |
| STREET ADDRESS |                                       |
| CITY-ST-ZIP    |                                       |
| TITLE          |                                       |
| NAME           |                                       |
| STREET ADDRESS |                                       |
| CITY-ST-ZIP    |                                       |
| TITLE          |                                       |
| NAME           |                                       |
| STREET ADDRESS |                                       |
| CITY-ST-ZIP    |                                       |
| TITLE          |                                       |
| NAME           |                                       |
| STREET ADDRESS |                                       |
| CITY-ST-ZIP    |                                       |

000000782989  
01/15/08-80097-001 138.75

**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:**

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

Date

Daytime Phone #

1/8/08 813-258-6161