

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000015839

1. Entity Name
2. TURTLE RX, LLC



Principal Place of Business
5342 CLARK ROAD, PMB 164
SARASOTA, FL 34323

Mailing Address
5342 CLARK ROAD, PMB 164
SARASOTA, FL 34323



03272007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

VAN WINKLE, MARY E
2815 PROCTOR ROAD
SARASOTA, FL 34233

**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 _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCKENNA, BRIAN J 5342 CLARK ROAD, PMB 164 SARASOTA, FL 34323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HARDING, PAUL 5117 TIMBER CHASE WAY SARASOTA, FL 34238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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04/09/07-80015-002 50.00

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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

3/22/07

Date

941-321
9153

Daytime Phone #