

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000086293

Entity Name: AGORX, LLC

FILED  
Feb 27, 2009  
Secretary of State

**Current Principal Place of Business:**

17541 N DALE MABRY HWY  
LUTZ, FL 33548

**New Principal Place of Business:**

**Current Mailing Address:**

17541 N DALE MABRY HWY  
LUTZ, FL 33548

**New Mailing Address:**

FEI Number: 20-5574354

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FOWLER WHITE BOGGS BANKER P.A.  
501 E. KENNEDY BLVD.  
SUITE 1700  
TAMPA, FL 33602 US

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

FOWLER WHITE BOGGS P.A.  
501 E. KENNEDY BLVD.  
SUITE 1700  
TAMPA, FL 33602 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: RICHARD A. JACOBSON

02/27/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: PRES ( ) Delete  
Name: LASA, RICARDO J  
Address: 17541 N DALE MABRY HWY  
City-St-Zip: LUTZ, FL 33548

Title: MGRM ( ) Delete  
Name: BERNDT, DON  
Address: 17541 N DALE MABRY HWY  
City-St-Zip: LUTZ, FL 33548

**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 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: RICARDO J. LASA

PRES

02/27/2009

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