

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000086293

Entity Name: AGORX, LLC

**FILED**  
**Mar 08, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

17541 N DALE MABRY HWY  
LUTZ, FL 33548

**New Principal Place of Business:**

17541 N DALE MABRY HWY  
LUTZ, FL 33548 US

**Current Mailing Address:**

17541 N DALE MABRY HWY  
LUTZ, FL 33548

**New Mailing Address:**

17541 N DALE MABRY HWY  
LUTZ, FL 33548 US

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 P.A.  
501 E. KENNEDY BLVD.  
SUITE 1700  
TAMPA, FL 33602 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

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

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

I hereby 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

03/08/2010

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