

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000025063

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Entity Name:** RX DELIVERY AND SERVICES, LLC

**Current Principal Place of Business:**

2849 NW 4TH ST.  
CAPE CORAL, FL 33993 US

**New Principal Place of Business:**

2741 GLEASON PARKWAY  
CAPE CORAL, FL 33914 US

**Current Mailing Address:**

2849 NW 4TH ST.  
CAPE CORAL, FL 33993 US

**New Mailing Address:**

2741 GLEASON PARKWAY  
CAPE CORAL, FL 33914 US

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired (X)**

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

LAM, SIVAN  
2849 NW 4TH ST.  
CAPE CORAL, FL 33993 US

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

LAM, SIVAN CEO  
2741 GLEASON PARKWAY  
CAPE CORAL, FL 33914 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: SIVAN LAM, CEO

01/05/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: LAM, SIVAN  
Address: 2741 GLEASON PARKWAY  
City-St-Zip: CAPE CORAL, FL 33914 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: SIVAN LAM

CEO

01/05/2011

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