

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000040760

Entity Name: TXRX, LLC

FILED  
Apr 23, 2008  
Secretary of State

**Current Principal Place of Business:**

11920 FAIRWAY LAKES DRIVE #2  
FT MYERS, FL 33913

**New Principal Place of Business:**

**Current Mailing Address:**

11920 FAIRWAY LAKES DRIVE #2  
FT MYERS, FL 33913

**New Mailing Address:**

FEI Number: 20-8897255

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TURCOTTE, SUSAN T  
11920 FAIRWAY LAKES DRIVE #2  
FT MYERS, FL 33913 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: MGR ( ) Delete  
Name: TURCOTTE, SUSAN T  
Address: 21648 BERWHICH RUN  
City-St-Zip: ESTERO, FL 33928

Title: MGR (X) Delete  
Name: VEACH, ROBERT G  
Address: 28589 RISORSA PLACE  
City-St-Zip: BONITA SPRINGS, FL 34135

**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: SUSAN TURCOTTE

MGR

04/23/2008

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