

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000054626

Entity Name: VIRTUAL IMPAX, LLC.

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1940 GREY FALCON CIRCLE  
VERO BEACH, FL 32962 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 13073  
FORT PIERCE, FL 34979 US

**New Mailing Address:**

FEI Number: 26-0222183

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HENDERSHOT-HURD, KATHY L  
1940 GREY FALCON CIRCLE  
VERO BEACH, FL 32962 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: MGRM  
Name: HENDERSHOT-HURD, KATHY  
Address: PO BOX 13073  
City-St-Zip: FORT PIERCE, FL 34979 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: KATHRYN HENDERSHOT-HURD

MS

04/20/2011

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