

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
08 APR -9 PM 2:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000103151

1. Entity Name
ATARAXY, LLC



Principal Place of Business
3387 EAST LAKESHORE DRIVE
2D FLOOR
TALLAHASSEE, FL 32312 US

Mailing Address
3387 EAST LAKESHORE DRIVE
2D FLOOR
TALLAHASSEE, FL 32312 US



04082008 Chg-LLC CR2E083 (12/06)

4. FEI Number
26-1349230

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SACHS & SAX, P.A.
ATTN: M.B. ADELSON IV, ESQ.
310 WEST COLLEGE AVENUE, 3D FLOOR
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME MGRM
STREET ADDRESS ADELSON, M B IV
CITY-ST-ZIP 3387 EAST LAKESHORE DRIVE
TALLAHASSEE, FL 32312 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
600122746826 ☐ Change ☐ Addition
04/09/08--01034--003 **138.75

TITLE
NAME MGRM
STREET ADDRESS ADELSON, MARY L
CITY-ST-ZIP 3387 EAST LAKESHORE DRIVE
TALLAHASSEE, FL 32312 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME MGRM
STREET ADDRESS ADELSON, KAREN C
CITY-ST-ZIP 606 LOCUST ROAD
WILMETTE, IL 60091 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: M.B. Adelson IV *MBA Adelson P*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-8-08

Date

850-523-0606

Daytime Phone #