

L10000118011

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

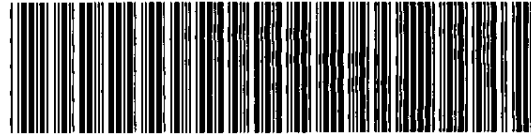
Special Instructions to Filing Officer:

L. SELLERS

DEC - 8 2010

EXAMINER

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FILED  
10 DEC - 7 PM 4:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Home RX LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Edwards

Name of Person

RMS

Firm/Company

9122 Bonita Beach Rd

Address

Bonita Springs, Florida 34135

City/State and Zip Code

medwards2@rms-florida.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Edwards

Name of Person

at ( 239 )

495-7970

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee      ☐ \$30.00 Filing Fee & Certificate of Status      ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)      ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## Home Rx LLC

(A Florida Limited Liability Company)

Page 1 of 2

FILED  
10 DEC -7 PM 4:52  
Zip Code  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
address

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Jason Tod Schreyer	5475 Lee Street	<input checked="" type="checkbox"/> Add
		Unit 303	<input type="checkbox"/> Remove
		Lehigh High Acres, Florida 33971	
MGR	Blanca Edwards	9740 Rookery Circle	<input checked="" type="checkbox"/> Add
		Estero, Florida 33928	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated

11-29-10

\_\_\_\_\_  
Signature of a member or authorized representative of a member

\_\_\_\_\_  
Typed or printed name of signee