

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000106481

**Entity Name:** AUXILIUM SERVICES, LLC

**FILED**  
**Apr 28, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

101 E. KENNEDY BOULEVARD, SUITE 2800  
TAMPA, FL 33602

**New Principal Place of Business:**

2102 WEST PLATT STREET  
SUITE 106  
TAMPA, FL 33606

**Current Mailing Address:**

P.O. BOX 18161  
TAMPA, FL 336798161

**New Mailing Address:**

**FEI Number:** 45-3307754

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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  
Name: NEPTUNE CAPITAL MANAGEMENT LLC  
Address: 2102 WEST PLATT STREET, SUITE 106  
City-St-Zip: TAMPA, FL 33606

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: NEPTUNE CAPITAL MANAGEMENT LLC

MGR

04/28/2012

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