## 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000152677

**Entity Name: NATIONWIDE RX ADVOCATES "LLC"** 

**Current Principal Place of Business:** 

5300 BROKEN SOUND BLVD NW

120

BOCA RATON, FL 33487

**Current Mailing Address:** 

7076 DEMEDICI CIRCLE DELRAY BEACH, FL 33446 US

FEI Number: 47-2016843 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHATZ, EDWARD S 7076 DEMEDICI CIRCLE DELRAY BEACH, FL 33446 US

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

FILED Mar 17, 2015

**Secretary of State** 

CC3205779339

Authorized Person(s) Detail:

Title AMBR Title MEMBER

NameSHATZ, EDWARD SNameSHATZ, HAROLD LEONAddress7076 DEMEDICI CIRCLEAddress7076 DEMEDICI CIRCLECity-State-Zip:DELRAY BEACH FL 33446City-State-Zip:DELRAY BEACH FL 33446

Title PRESIDENT

Name SHATZ, SAMUEL GARY
Address 7076 DEMEDICI CIRCLE
City-State-Zip: DELRAY BEACH FL 33446

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SAMUEL G SHATZ

Electronic Signature of Signing Authorized Person(s) Detail

PRESIDENT

03/17/2015

Date