

**2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M11000002437

**Entity Name:** TLCRX, LLC

**Current Principal Place of Business:**

6435 HAZELTINE NATIONAL DRIVE, SUITE 140  
ORLANDO, FL 32822

**Current Mailing Address:**

6435 HAZELTINE NATIONAL DRIVE, SUITE 140  
ORLANDO, FL 32822

**FEI Number:** 45-1501538

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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

**Authorized Person(s) Detail :**

Title MGRM  
Name LEGACY RX HOLDINGS, LLC  
Address 6507 ROSELLA COURT  
City-State-Zip: WINDEMERE FL 34786

*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:** LINDA CALVO

**DIRECTOR, COMPLIANCE** 05/21/2015

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date