

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000029702

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: LOGIMIX, LLC

**Current Principal Place of Business:**

950 SOUTH PINE ISLAND ROAD, A-150-118  
PLANTATION, FL 33324

**New Principal Place of Business:**

17913 NW 7 STREET  
STE 103  
PEMBROKE PINES, FL 33029

**Current Mailing Address:**

11904 MIRAMAR PKWY  
MIRAMAR, FL 33025

**New Mailing Address:**

17913 NW 7 STREET  
STE 103  
PEMBROKE PINES, FL 33029

FEI Number: 57-1141499

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GONCALVES, OSCAR  
2800 GLADES CIRC.  
E-102  
WESTON, FL 33327 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 ( ) Delete  
Name: GONCALVES, OSCAR  
Address: 3600 MYSTIC POINTE DR. #717  
City-St-Zip: AVENTURA, FL 33180

Title: MGR (X) Delete  
Name: GONCALVES, JUAN CARLOS  
Address: 2440 NW 87TH AVE.  
City-St-Zip: MIAMI, FL 33172

Title: MGR ( ) Delete  
Name: BADIELLO, CATERINA  
Address: 2240 NW 87TH AVENUE  
City-St-Zip: MIAMI, FL 33712

**ADDITIONS/CHANGES:**

Title: MGMR (X) Change ( ) Addition  
Name: GONCALVES, OSCAR  
Address: 3600 MYSTIC POINTE DR. #717  
City-St-Zip: AVENTURA, FL 33180

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: OSCAR GONCALVES

MGMR

04/30/2009

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