

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000072121

FILED  
Mar 08, 2009  
Secretary of State

Entity Name: DOMIX, LLC

**Current Principal Place of Business:**

1000 VENETIAN WAY UNIT 101  
MIAMI, FL 33139

**New Principal Place of Business:**

**Current Mailing Address:**

1000 VENETIAN WAY UNIT 101  
MIAMI, FL 33139

**New Mailing Address:**

FEI Number: 20-3185994

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SIRLIN, DANIEL  
333 S. MIAMI AVE., SUITE 150  
MIAMI, FL 33130 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: MGRM ( ) Delete  
Name: SIRLIN, DOMINQUE  
Address: 1000 VENETIAN WAY 101  
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGRM ( ) Delete  
Name: SIRLIN, DANIEL  
Address: 333 S MIAMI AVE STE 150  
City-St-Zip: MIAMI, FL 33130

Title: MGRM ( ) Delete  
Name: DUBERN, XAVIER  
Address: 1250 WEST AV. #14B  
City-St-Zip: MIAMI BEACH, FL 33139

**ADDITIONS/CHANGES:**

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

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: XAVIER DUBERN

MGR

03/08/2009

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