


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90342 010 \*\*\*\*50.00

|                              |  |   |
|------------------------------|--|---|
| DOCUMENT # L06000122901      |  |  |
| 1. Entity Name<br>REXJON LLC |  |   |

|   |   |
|---|---|
| Principal Place of Business<br>447 PARK LAKE CIRCLE<br>ORLANDO, FL 32803 US | Mailing Address<br>447 PARK LAKE CIRCLE<br>ORLANDO, FL 32803 US |
|---|---|

40097841



|  |         |                     |         |
|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc. |         |
| City & State                                   |         | City & State        |         |
| Zip  | Country | Zip                 | Country |

04302007 Chg-LLC CR2E083 (12/06)

4. FEI Number ☒ Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent               |  |
| JONES, RANDALL O<br>117 PARK LAKE CIRCLE<br>ORLANDO, FL 32803 |  |

|  |             |
|--|-------------|
| 7. Name and Address of New Registered Agent        |             |
| Name   |             |
| Street Address (P.O. Box Number is Not Acceptable) |             |
| City   | FL Zip Code |

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS |                      |                                 | 10. ADDITIONS/CHANGES |  |   |
|------------------------------|----------------------|---------------------------------|-----------------------|--|---|
| TITLE                        | MGRM                 | <input type="checkbox"/> Delete | TITLE                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                         | JONES, RANDALL       |                                 | NAME                  |  |   |
| STREET ADDRESS               | 447 PARK LAKE CIRCLE |                                 | STREET ADDRESS        |  |   |
| CITY-ST-ZIP                  | ORLANDO, FL 32803    |                                 | CITY-ST-ZIP           |  |   |
| TITLE                        | MGRM                 | <input type="checkbox"/> Delete | TITLE                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                         | REXFORD, GUY         |                                 | NAME                  |  |   |
| STREET ADDRESS               | 828 N MILLS AV       |                                 | STREET ADDRESS        |  |   |
| CITY-ST-ZIP                  | ORLANDO, FL 32803    |                                 | CITY-ST-ZIP           |  |   |
| TITLE                        |                      | <input type="checkbox"/> Delete | TITLE                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                         |                      |                                 | NAME                  |  |   |
| STREET ADDRESS               |                      |                                 | STREET ADDRESS        |  |   |
| CITY-ST-ZIP                  |                      |                                 | CITY-ST-ZIP           |  |   |
| TITLE                        |                      | <input type="checkbox"/> Delete | TITLE                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                         |                      |                                 | NAME                  |  |   |
| STREET ADDRESS               |                      |                                 | STREET ADDRESS        |  |   |
| CITY-ST-ZIP                  |                      |                                 | CITY-ST-ZIP           |  |   |
| TITLE                        |                      | <input type="checkbox"/> Delete | TITLE                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                         |                      |                                 | NAME                  |  |   |
| STREET ADDRESS               |                      |                                 | STREET ADDRESS        |  |   |
| CITY-ST-ZIP                  |                      |                                 | CITY-ST-ZIP           |  |   |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*Randall O. Jones*  
Randall O. Jones 4/30/07