

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000163765

Entity Name: CAMPUS PIXEL LLC

Current Principal Place of Business:

7540 SW 147 CT.
MIAMI, FL 33193

Current Mailing Address:

7540 SW 147 CT.
MIAMI, FL 33193 US

FEI Number: 46-4165422

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PARMENTER, JOHN R
7540 SW 147 CT.
MIAMI, FL 33193 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 MGR
Name PARMENTER, JOHN R
Address 7540 SW 147 CT.
City-State-Zip: MIAMI FL 33193

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: JOHN PARMENTER

03/12/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date