

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L00000004796

1. Entity Name

Cardix & Associates, LLC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 OCT 27 AM 9:39

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
5715 Sw 88th Avenue

Suite, Apt. #, etc.

3. Mailing Address  
5715 Sw 88th Avenue

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Cooper City, Florida

City & State  
Cooper City, Florida

4. FEI Number 65-1002368

Applied For  
Not Applicable

Zip  
33328

Country

Zip  
33328

Country

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name Patrick Vivies

Street Address (P.O. Box Number is Not Acceptable)

700 E. Dania Beach Blvd #202

City Dania

FL

Zip Code  
33004

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.

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State  
DUE BY MAY 1

**9. MANAGING MEMBERS / MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP
Thierry Cardix 5715 Sw 88th Avenue Cooper City, FL 33328 MGR	

700024165617  
10/27/03--01056--003 \*\*50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

10/22/03

Date

Daytime Phone #

CR2E0838 (12/02)

5715 Sw 88th Avenue  
Cooper City, FL 33328

29/2

# CARDIX & ASSOCIATES, LLC.

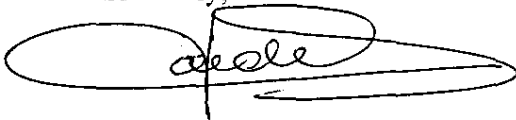
October 22, 2003

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P.O. Box 6327  
TALLAHASSEE, FL. 32314

Gentlemen,

Please find enclosed a 2003 UBR Form and a check of \$ 50.00 for my Company Cardix & Associates, LLC. I moved since last year and I did not receive the 2003 UBR. As a foreign resident, I'm not familiar with the laws and regulations applicable in Florida. I hope that you will accept to withhold the penalties for late filling.

Sincerely,



Cardix & Associates, Llc.  
Thierry Cardix  
Manager

FEI Number: 65-1002368

Corporate #: L00000004796

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