


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90018 030 \*\*\*\*\*50.00

<b>DOCUMENT # L01000003088</b>					
<b>1. Entity Name</b> <b>MATLEX, LLC</b>					
<b>Principal Place of Business</b> <b>3443 HAINES RD. N.</b> <b>ST. PETERSBURG, FL 33704</b>			<b>Mailing Address</b> <b>3443 HAINES RD. N.</b> <b>ST. PETERSBURG, FL 33704</b>		
<b>2. Principal Place of Business</b> <b>1977 Illinois Ave NE</b> Suite, Apt. #, etc. <b>St. Petersburg, FL</b> City & State		<b>3. Mailing Address</b> <b>1977 Illinois Ave NE</b> Suite, Apt. #, etc. <b>St. Petersburg, FL</b> City & State			
Zip <b>33703</b> Country <b>USA</b>		Zip <b>33703</b> Country <b>USA</b>		<b>04202004 Chg-LLC CR2E083 (10/03)</b>	
<b>4. FEI Number</b> <b>30-0046605</b>				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> <b>SAXMAN, BONNIE</b> <b>1977 ILLINOIS AVE. NE</b> <b>ST. PETERSBURG, FL 33703</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<b>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.</b> SIGNATURE <u>Bonnie B. Saxman</u> DATE <u>4/20/04</u> <small>Signature, typed or printed name of registered agent and true if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2004</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAXMAN, BONNIE 1977 ILLINOIS AVE. N.E. ST. PETERSBURG, FL 33703		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAXMAN, KEVIN 1977 ILLINOIS AVE. N.E. ST. PETERSBURG, FL 33703		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
<b>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.</b>			SIGNATURE <u>Bonnie B. Saxman</u> DATE <u>4/20/04</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		

Attachment  
24052221  
Division of Corporations

## Annual Report

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Business Entity Name

MATLEX, LLC

FEI Number 300046605

FEI Number Status ☐ Applied For ☐ Not Applicable ☒ CurrentCertificate of Status Desired ☐ Yes ☒ No

## Principal Place of Business

Address 1977 Illinois Avenue Northeast  
Suite, Apt. #, etc.  
City, State ST. PETERSBURG, FL  
Zip Code & Country 33703

## Mailing Address

Address 1977 Illinois Avenue Northeast  
Suite, Apt. #, etc.  
City, State ST. PETERSBURG, FL  
Zip Code & Country 33703

## Name And Address of Registered Agent

Name (Last, First, Middle, Title) SAXMAN, BONNIE  
-or- RA Business Name  
Address 1977 ILLINOIS AVE. NE  
Suite, Apt. #, etc.  
City, State ST. PETERSBURG, FL  
Zip Code & Country 33703 US

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

Bonnie B. Saxman

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24052321  
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## Annual Report

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Business Entity Name

MATLEX, LLC

## Managing Member/Manager Name And Address

Title MGRM (MGR or MGRM)

Name (Last, First, Middle, Title) SAXMAN BONNIE

-or- Entity Name

Street Address 1977 ILLINOIS AVE. N.E.

City, State ST. PETERSBURG, FL

Zip Code &amp; Country 33703

Title MGRM (MGR or MGRM)

Name (Last, First, Middle, Title) SAXMAN KEVIN

-or- Entity Name

Street Address 1977 ILLINOIS AVE. N.E.

City, State ST. PETERSBURG, FL

Zip Code &amp; Country 33703

Title (MGR or MGRM)

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code &amp; Country

Title (MGR or MGRM)

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code &amp; Country

Attachment  
24052221

Title (MGR or MGRM)

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title (MGR or MGRM)

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

☐ List more than six Managing  
Members/Managers

☒ No additional Managing  
Members/Managers to list

An individual named above must type their name in the 'Managing Member/Manager Signature' block below. A business entity name is not allowed in this block.

Title

Managing Member/Manager Signature

Bonnie B. Damm

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