

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L01000011642

**FILED**  
**Oct 21, 2008**  
**Secretary of State**

**Entity Name:** STRATEGIX, LLC

**Current Principal Place of Business:**

385 EAST DRIVE  
MELBOURNE, FL 32904

**New Principal Place of Business:**

119 LAKE MONTEREY CIRCLE  
BOYNTON BEACH, FL 33426

**Current Mailing Address:**

385 EAST DRIVE  
MELBOURNE, FL 32904

**New Mailing Address:**

119 LAKE MONTEREY CIRCLE  
BOYNTON BEACH, FL 33426

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

BIDDIX, STACEY D  
385 EAST DRIVE  
MELBOURNE, FL 32904 US

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

LICCIARDI, MARIO D  
119 LAKE MONTEREY CIRCLE  
BOYNTON BEACH, FL 33426 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: MARIO LICCIARDI

10/21/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: BIDDIX, STACEY D  
Address: 385 EAST DR.  
City-St-Zip: MELBOURNE, FL 32904

Title: MGR (X) Delete  
Name: BIDDIX, THOMAS E  
Address: 385 EAST DR.  
City-St-Zip: MELBOURNE, FL 32904

**ADDITIONS/CHANGES:**

Title: PRES (X) Change ( ) Addition  
Name: LICCIARDI, MARIO D  
Address: 119 LAKE MONTEREY CIRCLE  
City-St-Zip: BOYNTON BEACH, FL 33426

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: MARIO LICCIARDI

PRES

10/21/2008

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