


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 11, 2004 8:00 am**  
**Secretary of State**

06-11-2004 90022 006 \*\*\*\*55.00

<b>DOCUMENT # L01000014320</b>		
1. Entity Name <b>DAXCOMM, LLC</b>		

Principal Place of Business <b>11555 WILLOW GARDENS DR. WINDERMERE, FL 34786</b>	Mailing Address <b>PO BOX 1551 WINDERMERE, FL 34786</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



06092004 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>01-0627344</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>ALUGBIN, DAYO 11555 WILLOW GARDENS DR. WINDERMERE, FL 34786</b>		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 8, 2004**

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM ADEBANJO, RICKY 11555 WILLOW GARDENS DR WINDERMERE, FL 34786</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM DAYO ALUGBIN 11555 WILLOW GARDENS DR. WINDERMERE, FL 34786</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ADEBANJO, JANET A 11555 WILLOW GARDENS DR WINDERMERE, FL 34786</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM OLUFUNKE ALUGBIN 11555 WILLOW GARDENS DR. WINDERMERE, FL 34786</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR ADEBANJO, RICKY 3805 WINDING LAKE CIR ORLANDO, FL 32835</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM BEN ADEYI 761 STOCKTON DR. SOUBERTON, PA 18964</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR ADEBANJO, JANET A 3805 WINDING LAKE CIR ORLANDO, FL 32835</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

**DAYO ALUGBIN**

**6/9/04**

Date

**321-297-5657**

Daytime Phone #