

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000014320

Entity Name: DAXCOMM, LLC

FILED
Jul 18, 2005
Secretary of State

Current Principal Place of Business:

11555 WILLOW GARDENS DR.
WINDERMERE, FL 34786

New Principal Place of Business:

Current Mailing Address:

PO BOX 1551
WINDERMERE, FL 34786

New Mailing Address:

FEI Number: 01-0627344 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ALUGBIN, DAYO
11555 WILLOW GARDENS DR.
WINDERMERE, FL 34786 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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ALUGBIN, DAYO
Address: 11555 WILLOW GARDENS DR.
City-St-Zip: WINDERMERE, FL 34786

Title: MGRM () Delete
Name: ALUGBIN, OLUFUNKE
Address: 11555 WILLOW GARDENS DR.
City-St-Zip: WINDERMERE, FL 34786

Title: MGRM () Delete
Name: ADEYI, BEN
Address: 761 STOCKTON DR.
City-St-Zip: SOUDERTON, PA 18964

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MGRM/DAYO ALUGBIN

MGRM

07/18/2005

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