

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90019 041 ****50.00

0002126

DOCUMENT # L02000004377

1. Entity Name

GIGAPIXS LLC



Principal Place of Business

**12940 CHETS CREEK DR. S.
JACKSONVILLE FL 32224**

Mailing Address

**12940 CHETS CREEK DR. S.
JACKSONVILLE FL 32224**

2. Principal Place of Business

3. Mailing Address

PO Box 51163

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

JACKSONVILLE BEACH, FL

Zip

Country

Zip

Country

32240-1163

DUVAL

4. FEI Number

02-0558626

Applied For

Not Applicable

5. Certificate of Status Desired ☐ ☒

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BUSINESS FILINGS INCORPORATED
1000 WEST AVE. SUITE 1114
MIAMI BEACH FL 33139**

Name

ROBERT C. FANNING

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

12940 CHETS CREEK DR S

City

JACKSONVILLE

FL

Zip Code

32224-7484

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

Robert C. Fanning

ROBERT C. FANNING OPERATING MANAGER

4/1/2003

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
FANNING, ROBERT
12940 CHETS CREEK DR. S.
JACKSONVILLE FL 32224**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ 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:

Robert C. Fanning

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/1/2003

Date

(904) 992-6928

Daytime Phone #

CR2E083 (10/02)