

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000019903

Entity Name: EQUIVOX, LLC

FILED
Apr 06, 2007
Secretary of State

Current Principal Place of Business:

4923 SW 33 WAY
FT. LAUDERDALE, FL 33312

New Principal Place of Business:

6160 SW 58 CT
DAVIE, FL 33314

Current Mailing Address:

4923 SW 33 WAY
FT. LAUDERDALE, FL 33312

New Mailing Address:

6160 SW 58 CT
DAVIE, FL 33314

FEI Number: 73-1658296

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHNURMACHER, ROB
4923 SW 33 WAY
FT. LAUDERDALE, FL 33312 US

Name and Address of New Registered Agent:

SCHNURMACHER, ROB
6160 SW 58 CT
DAVIE, FL 33314 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:

04/06/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SCHNURMACHER, ROB
Address: 4923 SW 33 WAY
City-St-Zip: FT. LAUDERDALE, FL 33312

Title: MGMR () Delete
Name: SCHNURMACHER, WENDY Y
Address: 4923 SW 33 WAY
City-St-Zip: FT. LAUDERDALE, FL 33312

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SCHNURMACHER, ROB
Address: 6160 SW 58 CT
City-St-Zip: DAVIE, FL 33314

Title: MGMR (X) Change () Addition
Name: SCHNURMACHER, WENDY Y
Address: 6160 SW 58 CT
City-St-Zip: DAVIE, FL 33314

I hereby certify that the information supplied with this filing does not qualify for the 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: ROB SCHNURMACHER

MGMR

04/06/2007

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