2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L02000030915** 

t. Entity Name
TRAXXIS GPS SOLUTIONS, LLC

FILED
Apr 08, 2004 08:00 AM
Secretary of State

Principal Place of Business

SIGNATURE:

Mailing Address

6555 NW 9TH AVENUE, SUITE 108 FT. LAUDERDALE, FL 33309 6555 NW 9TH AVENUE, SUITE 108 FT. LAUDERDALE, FL 33309



## DO NOT WRITE IN THIS SPACE

03112004No Chg-LLC

CR2E083 (10/03)

4. FEI Number 02-0652913 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BEJERANO, ANDRES 6555 NW 9TH AVENUE, SUITE 108 FT. LAUDERDALE, FL 33309

## DO NOT WRITE IN THIS SPACE

				Liena o o o o o o o o o o o o o o o o o o o	55 may 11 11		San San San C
	named entity submits this statement for the purpose of char ions of registered agent.	nging its registers	d office or registered agent, or bo	oth, in the State of Floric	ia. I am famil	iar with, and a	accept
SIGNATURE_			<u> </u>	· Secretari			
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE Registered	Agent signature required when reinstating)	_55	DATE		
FI D	ling Fee is \$50.00 ue by May 1, 2004		<b>.</b>	Apart 100. apisto de 1		·	
9.	MANAGING MEMBERS/MANAGERS			, , , , ,			
title name street address city-st-zip	MGRM BEJERANO, ANDRES 945 NE 118TH STREET MIAMI, FL 33161	··-		· Danaski Vika	on militari	. same a minimum e e e e	er e <del>ntor</del>
TITLE NAME STREET ADDRESS CATY-ST-ZAP	MGRM VERMILLION, MICHAEL W 4135 NW 1ST COURT DELRAY BEACH, FL_33445			000000106 04/08/04-800		50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WI	RITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		· <b>*</b> *	IN '	THIS SPA	ACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			·	÷			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		manga sering a			ranno maga	1	
11. I hereby of indicated	certify that the information supplied with this filing does not con this report is true and accurate and that my signature sh	quality for the exer	nption stated in Section 119.07(3 legal effect as if made under oat	)(i), Florida Statutes. I fi h; that I am a managin	inther certify to g member or	hat the information manager of the	ation he