2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 05, 2007 8:00 am
Secretary of State
02-05-2007 90196 044 ****50.00

DOCUMENT # L03000007896

1. Entity Name

ALEXXON, LLC

Principal Place of Business	Mailing Address
13833 WELLINGTON TRACE ROAD SUITE E4 PMB 308 WEST PALM BEACH FL 33414	13833 WELLINGTON TRACE ROAD SUITE E4 PMB 308 WEST PALM BEACH FL 33414

1st MOORE CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box # 5341 MICHLAR DRIVE
Suite, Apt. #, etc.
City & State LAKE WORTH, FL.
Zip 33467 Country PALM BEACH

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 41-2083432 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MIDDLEBROOK, DAVID
5341 MICHLAR DRIVE
LAKE WORTH FL 33467

7. Name and Address of New Registered Agent

Name [redacted] MIDDLEBROOK, HEIDE
Street Address (P.O. Box Number is Not Acceptable) 5341 MICHLAR DRIVE
City LAKE WORTH FL Zip Code 33467

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 Heide Middlebrook (HEIDE MIDDLEBROOK) JANUARY 29, 2007
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, 2007

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	MGRM MIDDLEBROOK, BEVERLY 5341 MICHLAR DRIVE LAKE WORTH FL 33467	☒ Delete	MGRM MIDDLEBROOK, HEIDE 5341 MICHLAR DRIVE LAKE WORTH, FL. 33467	☐ Change ☒ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Heide Middlebrook (HEIDE MIDDLEBROOK) 1/29/07 561-432-0347
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #