

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000008782

Entity Name: NINE-X, LLC

FILED
Apr 22, 2007
Secretary of State

Current Principal Place of Business:

43358 HIGHWAY 27
DAVENPORT, FL 33837 US

New Principal Place of Business:

17445 HIGHWAY 192
SUITE #14
CLERMONT, FL 34714 US

Current Mailing Address:

43358 HIGHWAY 27
DAVENPORT, FL 33837 US

New Mailing Address:

17445 HIGH 192
SUITE #14
CLERMONT, FL 34714 US

FEI Number: 54-2115603

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAVIGNE, COTON & ASSOCIATES, P.A.
5301 CONROY ROAD
SUITE 140
ORLANDO, FL 32811 US

Name and Address of New Registered Agent:

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: PATEL, KIRTIDA
Address: 43358 HIGHWAY 27
City-St-Zip: DAVENPORT, FL 33837 US

Title: MGRM () Delete
Name: DUDHIYA, JAYSHRI
Address: 43358 HIGHWAY 27
City-St-Zip: DAVENPORT, FL 33837 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PATEL, KIRTIDA
Address: 17445 HIGHWAY 192 SUITE #14
City-St-Zip: CLERMONT, FL 34714 US

Title: MGRM (X) Change () Addition
Name: DUDHIYA, JAYSHRI
Address: 17445 HIGHWAY 192 SUITE #14
City-St-Zip: CLERMONT, FL 34714 US

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: KIRTIDA PATEL

MGRM

04/22/2007

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