

AMENDED

2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

05-03-2004 90151 016 ****50.00
L03000013534

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAY 21 PM 12:43

WLO7/21/04

DOCUMENT # L03000013534			
1. Entity Name SYSTEMXS, LLC			
Principal Place of Business 713 STONEWOOD COURT NEW SMYRNA BEACH, FL 32168		Mailing Address 713 STONEWOOD COURT NEW SMYRNA BEACH, FL 32168	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 42-1587124		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent BANNER, MICHAEL 4244 W. TENNESSEE ST. #185 TALLAHASSEE, FL 32304		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renouncing) DATE			
Filing Fee is \$60.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP MGRM MCGINNIS, PATRICIA 713 STONEWOOD COURT NEW SMYRNA BEACH, FL 32168 ☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP MGRM MCGINNIS, PATRICK 713 STONEWOOD COURT NEW SMYRNA BEACH, FL 32168 ☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ 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: <u>Patricia V. McGinnis</u>		4-25-04 384-409-8389	