

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 07, 2008 08:00 AM
Secretary of State
RECEIVED MAR 04 2008

DOCUMENT # L03000017522

1. Entity Name
IBEX, LLC



Principal Place of Business
**9050 PINES BOULEVARD, STE. 305
PEMBROKE PINES, FL 33024**

Mailing Address
**9050 PINES BOULEVARD, STE. 305
PEMBROKE PINES, FL 33024**

DO NOT WRITE IN THIS SPACE



02112008No Chg-LLC

CR2E083 (12/07)

4. FEI Number
83-0357626

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JOHNSTON, CATHY
9050 PINES BOULEVARD, STE. 305
PEMBROKE PINES, FL 33024**

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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 reappointing)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM MILLER, JAMES E 1 GREAT COVE ROAD BROOKLIN, ME 04616 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM DAMMICH, THOMAS 200 EAST RANDOLPH DRIVE, SUITE 5100 CHICAGO, IL 60601 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

U00000850361
03/24/08-80003-011 138.75

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

Cathy Johnston

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/4/08

Date

954.441.3231

Daytime Phone #