

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000033293

Entity Name: LEXANGEL LLC

FILED  
Apr 05, 2004  
Secretary of State

**Current Principal Place of Business:**

1017 CLUB SYLVAN DR.  
D  
ORLANDO, FL 32825

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 679546  
ORLANDO, FL 32867-954

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NICOLAIDES, ALEXANDER S  
4193 LAS PALMAS WAY  
SARASOTA, FL 34238 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/MEMBERS:**

Title: MGR ( ) Delete  
Name: TAPIA, JOSEPH A  
Address: 1017 CLUB SYLVAN DR. # D  
City-St-Zip: ORLANDO, FL 32825

Title: MGR ( ) Delete  
Name: NICOLAIDES, ALEXANDER S  
Address: 4193 LAS PALMAS WAY  
City-St-Zip: SARASOTA, FL 34238

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ALEXANDER S NICOLAIDES

MGR

04/05/2004

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