


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 29, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000054202</b> 1. Entity Name <b>MHIX, LLC</b>					
Principal Place of Business <b>2604 ARMSTRONG ROAD TALLAHASSEE FL 32308</b>			Mailing Address <b>2604 ARMSTRONG ROAD TALLAHASSEE FL 32308</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>NO-T APPLICABLE</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>HAIGLER, MITCHELL B 2604 ARMSTRONG ROAD TALLAHASSEE FL 32308</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2005</b>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAIGLER, MITCHELL 2604 ARMSTRONG ROAD TALLAHASSEE FL 32308	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	—	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	—	<input type="checkbox"/> Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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>MITCHELL B. HAIGLER</u> <span style="float: right;">3/27/05 850-385-0432</span>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					



1st MOORE CR2E083 (10/04)

4. FEI Number **NO-T APPLICABLE** Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HAIGLER, MITCHELL B  
2604 ARMSTRONG ROAD  
TALLAHASSEE FL 32308**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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03/29/05-80017-018 50.00

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SIGNATURE: MITCHELL B. HAIGLER 3/27/05 850-385-0432  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #