## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

Name and Address of Current Registered Agent

MANAGING MEMBERS/MANAGERS

Mailing Address

3. Mailing Address

ite. Apt. #. etc.

360 SOUTH SHORE DRIVE SARASOTA, FL 34234

220 N. Maeker St.

DOCUMENT # L04000002584

1. Entity Name
VERIX TRADE LTD. CO.

Principal Place of Business 360 SOUTH SHORE DRIVE

2. Principal Place of Business

FLETCHER, W. RICK

9.

TITLE

NAME

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

360 SOUTH SHORE DRIVE SARASOTA, FL 34234

the obligations of registered ager

MGRM

Filing Fee is \$50.00 Due by May 1, 2005

MRS. LLANIT KOTLER

SARASOTA, FL 34234

360 SOUTH SHORE DRIVE

00 S. Shore

SARASOTA, FL 34234

## **FILED** Apr 22, 2005 8:00 am Secretary of State 03312005 Chq-LLC CR2E083 (10/03) Applied For 4. FEI Number Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) trelahassee 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 4-22-05 Make check payable to Florida Department of State ADDITIONS/CHANGES ☐ Change Addition ☐ Change Addition **400051663804** 04/22/05--01052--023 \*\*18 \*\*1850.00 ☐ Change Addition ☐ Change Addition Change ☐ Addition

STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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. rucud inu SIGNATURE: SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE TYPED OR PRINTED

10.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Delete