2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 03, 2008
Secretary of State

DOCUMENT# L04000024157

Entity Name: XENTRION, LLC

Current Principal Place of Business:

1223 SW 87TH TERRACE
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

1223 SW 87TH TERRACE
PLANTATION, FL 33324

New Mailing Address:

FEI Number: 20-0932040 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AMASHTA, VICTOR D
1223 SW 87TH TERRACE
PLANTATION, FL 33324 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/MANAGERS:

Title:	MGRM	( ) Delete
Name:	AMASHTA, VICTOR	
Address:	1223 SW 87TH TERRACE	
City-St-Zip:	PLANTATION, FL 33324	
Title:	MGRM	( ) Delete
Name:	AMASHTA, RIAD	
Address:	1223 SW 87TH TERRACE	
City-St-Zip:	PLANTATION, FL 33324	
Title:	MGRM	( ) Delete
Name:	AMASHTA, EVA N	
Address:	1223 SW 87TH TERRACE	
City-St-Zip:	PLANTATION, FL 33324	
Title:	MGRM	( ) Delete
Name:	AMASHTA, NELLY H	
Address:	1223 SW 87TH TERRACE	
City-St-Zip:	PLANTATION, FL 33324	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	MGRM	( ) Change (X) Addition
Name:	AMASHTA, DANITZA E	
Address:	1223 SW 87TH TERRACE	
City-St-Zip:	PLANTATION, FL 33324	
Title:	MGRM	( ) Change (X) Addition
Name:	AMASHTA, RUBY	
Address:	1223 SW 87TH TERRACE	
City-St-Zip:	PLANTATION, FL 33324	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: VICTOR D AMASHTA MGRM 01/03/2008

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