

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000029593

Entity Name: SOPHIX SOLUTIONS LLC

FILED  
Jan 07, 2006  
Secretary of State

**Current Principal Place of Business:**

405 S DALE MABRY  
SUITE 319  
TAMPA, FL 33609

**New Principal Place of Business:**

**Current Mailing Address:**

405 S DALE MABRY  
319  
TAMPA, FL 33609

**New Mailing Address:**

FEI Number: 20-1009359

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MOORE, GREGORY T  
1458 LACONIA DRIVE  
CLEARWATER, FL 33764 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: MOORE, GREGORY T  
Address: 1458 LACONIA DRIVE  
City-St-Zip: CLEARWATER, FL 33764

Title: MGRM ( ) Delete  
Name: ECKERTY, MARK  
Address: 3611 W SANTIAGO ST  
City-St-Zip: TAMPA, FL 33629

Title: MGRM (X) Delete  
Name: GOLDEN, STEPHEN E III  
Address: 5510 PINE BAY DR  
City-St-Zip: TAMPA, FL 33625

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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: GREGORY T. MOORE

MGRM

01/07/2006

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