

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000029593

Entity Name: SOPHIX SOLUTIONS LLC

FILED  
Jan 12, 2007  
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:**

MOORE, GREGORY T  
1747 OAK POND CT.  
OLDSMAR, FL 34677 US

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: GREGORY T. MOORE

01/12/2007

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

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MOORE, GREGORY T  
Address: 1747 OAK POND CT.  
City-St-Zip: OLDSMAR, FL 34677

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

DIR

01/12/2007

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