

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000029593

Entity Name: SOPHIX SOLUTIONS LLC

FILED
Jan 07, 2008
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:

405 S DALE MABRY
SUITE 319
TAMPA, FL 33609

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
1747 OAK POND CT.
OLDSMAR, FL 34677 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: 1747 OAK POND CT.
City-St-Zip: OLDSMAR, FL 34677

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

ADDITIONS/CHANGES:

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 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

VP

01/07/2008

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