

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000029593

Entity Name: SOPHIX SOLUTIONS LLC

FILED  
Jan 14, 2009  
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  
SUITE 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  
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

Title: MGRM ( ) Delete  
Name: FLEMING, ROBERT S JR  
Address: 1804 LONGVIEW LN  
City-St-Zip: TARPON SPRINGS, FL 34689

## 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 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

01/14/2009

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