## 2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## May 02, 2005 8:00 am Secretary of State **DOCUMENT # L04000034159** 1. Entity Name PIXEL FIX DESIGN, LLC 05-02-2005 90104 019 \*\*\*\*50.00 Principal Place of Business Mailing Address 911 N. ORANGE AVE. #527 911 N. ORANGE AVE. #527 20052334 ORLANDO, FL 32801 ORLANDO, FL 32801 3. Mailing Address Principal Place of Business Suite, Apt. J. etc. 1621 E. Soring 03012005 CR2E083 (10/03) Chg-LLC City & State Winter Garden City & State 4. FEI Number Applied For - 1994603 Winter Not Applicable \$5.00 Additional 5. Certificate of Status Desired Crince Orange Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FLORIDA FILING & SEARCH SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 1333 NORTH DUVAL STREET TALLAHASSEE, FL 32303 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. MGRM Change MGRM 11 Tr F ☐ Addition BILE Delete 6 LIGA, GINA 1621 B. Spring Ridge Cir MADDI, GINA NAME NAME STREET ADDRESS 911 N. ORANGE AVE. #527 STREET ADDRESS ORLANDO, FL 32801 CITY-ST-ZIP Winter Garden. CITY-ST-ZIP MGRM Change MGRM ☐ Addition Delete TITLE TITLE LIGA, ANTHONY J 1621 E. Spring Ridge Cir. LIGA, ANTHONY NAME NAME 911 N. ORANGE AVE. #527 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO, FL 32801 Winter Garden ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP nne ☐ Channe ☐ Add:tion RILE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete NILE ☐ Change Addition NAME NAME STREET ADURESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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. 407-443-7157 SIGNATURE Davime Phone # HAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**FILED**