

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 17, 2007 8:00 am**  
**Secretary of State**

05-17-2007 90173 002 \*\*\*\*50.00

**DOCUMENT # L04000038317**

1. Entity Name  
**X PLEX, LLC**



Principal Place of Business  
**663 QUERCUS STREET  
PORT ORANGE, FL 32127 US**

Mailing Address  
**663 QUERCUS STREET  
PORT ORANGE, FL 32127 US**

**40110043**



**DO NOT WRITE IN THIS SPACE**

04252007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**57-1208907**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**WALKER, JEFF  
663 QUERCUS STREET  
PORT ORANGE, FL 32127**

**DO NOT WRITE  
IN THIS SPACE**

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)

DATE \_\_\_\_\_

**Filing Fee Is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
PECORARO, VINCENT  
453 WOODSTOCK DRIVE  
PORT ORANGE, FL 32127**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
WALKER, JEFF  
663 QUERCUS STREET  
PORT ORANGE, FL 32127**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**JEFFREY R. WALKER 4/30/07 3862995752**