

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000045438

Entity Name: HX5, LLC

FILED
Mar 19, 2009
Secretary of State

Current Principal Place of Business:

119 INTENDENCIA ST., SUITE A
PENSACOLA, FL 32502

New Principal Place of Business:

212 EGLN PARKWAY SE
FORT WALTON BEACH, FL 32548

Current Mailing Address:

1719 TURKEY OAK DR.
NAVARRE, FL 32566

New Mailing Address:

212 EGLN PARKWAY SE
FORT WALTON BEACH, FL 32548

FEI Number: 56-2468829

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HOWARD, MARGARITA
1719 TURKEY OAK DRIVE
NAVARRE, FL 32566 US

Name and Address of New Registered Agent:

HOWARD, MARGARITA U
1719 TURKEY OAK DRIVE
NAVARRE, FL 32566 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: MARGARITA U. HOWARD

03/19/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HOWARD, MARGARITA
Address: 1719 TURKEY OAK DRIVE
City-St-Zip: NAVARRE, FL 32566 US

Title: PRES () Delete
Name: HOWARD, MARGARITA
Address: 1719 TURKEY OAK DRIVE
City-St-Zip: NAVARRE, FL 32566

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HOWARD, MARGARITA U
Address: 1719 TURKEY OAK DRIVE
City-St-Zip: NAVARRE, FL 32566 US

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: MARGARITA U. HOWARD

PRES

03/19/2009

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