

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

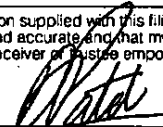
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FILED
Apr 04, 2005 8:00 am
Secretary of State

03-10-2005 90035 028 ****50.00

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DOCUMENT # L04000047377					
1. Entity Name ONICX LLC					
Principal Place of Business 13930 N DALE MABRY HWY SUITE 3 TAMPA, FL 33618 US			Mailing Address 13930 N DALE MABRY HWY SUITE 3 TAMPA, FL 33618 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-1286401	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent PATEL, DHVANIT 13930 N DALE MABRY HWY SUITE 3 TAMPA, FL 33618				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				FL 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) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NOLLIHD INC 13930 N DALE MABRY HWY, SUITE 3 TAMPA, FL 33618 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3922 Premier North Tampa, FL 33618 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BJTGC INC 13930 N DALE MABRY HWY, SUITE 3 TAMPA, FL 33618 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3922 Premier North Tampa, FL 33618 ☒ Change ☐ Addition		
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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.					
SIGNATURE: 		2-7-05 (813) 464-0967			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #			