

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90036 045 ****50.00

DOCUMENT # L04000056128

1. Entity Name
HEXAGON CAPITAL, LLC



Principal Place of Business
1425 SOUTH KIRKMAN ROAD
2032
ORLANDO, FL 32811

Mailing Address
1425 SOUTH KIRKMAN ROAD
2032
ORLANDO, FL 32811



03152006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1461781	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

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

6. Name and Address of Current Registered Agent

NOWEZ, RODRIGO A
1425 SOUTH KIRKMAN ROAD
2032
ORLANDO, FL 32811

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM NUNEZ, RODRIGO A 1425 SOUTH KIRKMAN ROAD #2032 ORLANDO, FL 32811
TITLE NAME STREET ADDRESS CITY - ST - ZIP	* Please Change Address to:
TITLE NAME STREET ADDRESS CITY - ST - ZIP	816 Renaissance Point #301 Altamonte - Springs - FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	32714 *
TITLE NAME 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 registered agent authorized 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 #

3/15/06

386 736 No 1