

**2006-LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 24, 2006 08:00 AM
Secretary of State**

DOCUMENT # L04000064853

1. Entity Name
HISIX, LLC



Principal Place of Business
**821 WINDSOR LANE
KEY WEST, FL 33040 US**

Mailing Address
**821 WINDSOR LANE
KEY WEST, FL 33040 US**



01252006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1795490

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DALE, TERI D
821 WINDSOR LANE
KEY WEST, FL 33040**

**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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
DALE, TERI D
821 WINDSOR LANE
KEY WEST, FL 33040**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
KENT, SUSAN D
821 WINDSOR LANE
KEY WEST, FL 33040**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
WOZNAK, NANCY P
1351 20TH STREET
KEY WEST, FL 33040**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MOORE, LORRAINE S
1351 20TH STREET
KEY WEST, FL 33040**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
TAYLOR, DEBRA A
2419 FLAGLER AVENUE
KEY WEST, FL 33040**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
STERNER, MELISSA
2419 FLAGLER AVENUE
KEY WEST, FL 33040**

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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: Teri D. Dale Teri D. Dale
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-18-06
Date

305-294-0100
Daytime Phone #