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Secretary of State

03-15-2005 90350 036 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000071825

1. Entity Name
ARCHXL, LLC.

30004207

01172005 Chg-LLC CR2E083 (10/03)

Principal Place of Business	Mailing Address
4903 PLANTATION DRIVE TAMPA, FL 33615	4903 PLANTATION DRIVE TAMPA, FL 33615

2. Principal Place of Business	3. Mailing Address
4903 Plantation Drive	4903 Plantation Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa Florida	City & State: tampa FL
Zip: 33615 Country: USA	Zip: 33615 Country: USA

4. FEI Number: 41-2158995 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BENNETT, MICHAEL S PRES.
4903 PLANTATION DRIVE
TAMPA, FL 33615

7. Name and Address of New Registered Agent

Name: Michael Bennett (President)
Street Address (P.O. Box Number is Not Acceptable): 4903 Plantation Drive
City: tampa FL Zip Code: 33615

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	President Michael S. Bennett 4903 Plantation Drive tampa FL 33615 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Michael S. Bennett 3/10/05 813-759-3321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #