

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-06-2005 90021 038 ****50.00

DOCUMENT # L04000088204			
1. Entity Name MAGENTAONE LLC			
Principal Place of Business XXXXXX XXXXXX		Mailing Address XXXXXX XXXXXX	
26739 MIDDLE GROUND LOOP			
2. Principal Place of Business 5200 Carriage Way Dr.		3. Mailing Address 5200 Carriage Way Dr.	
Suite, Apt. #, etc. Unit #202		Suite, Apt. #, etc. Unit #202	
City & State Rolling Meadows, IL		City & State Rolling Meadows, IL	
Zip 60008	Country USA	Zip 60008	Country USA
5. Name and Address of Current Registered Agent XXXXXX XXXXXX		7. Name and Address of New Registered Agent Name Fernando Galvan-Acosta Street Address (P.O. Box Number is Not Acceptable) 26739 Middle Ground Loop City Wesley Chapel, FL Zip Code 33544	
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 Fernando Galvan-Acosta DATE 4-1-05 (NOTE: Registered Agent signature required with this filing.)			
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 ROBERT, ROSE L II 704 SEAGATE DR TAMPA, FL 33602 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Galvan, Danny 5200 Carriage Way Dr., Unit 202 Rolling Meadows, IL 60008 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AARON, ROSE A 1000 W HORATIO ST #103 TAMPA, FL 33606 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Galvan-Acosta, Fernando XXXXXX XXXXXX ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROBERT, ROSE L 11310 CARROLLWOOD WEST PL TAMPA, FL 33618 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	26739 Middle Ground Loop Wesley Chapel, FL 33544 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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. Fernando Galvan-Acosta, Managing Member SIGNATURE: Fernando Galvan-Acosta DATE 4-1-05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

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03162005 Chg-LLC CR2E083 (10/03)

4. FEI Number **75-3188-794** Applied For ☐ Not Applicable ☐

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