


# 2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

|                                  |  |   |
|----------------------------------|--|---|
| DOCUMENT # L04000088488          |  |  |
| 1. Entity Name<br>TRICIA FIX LLC |  |   |

**FILED**  
08 FEB 11 AM 9:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



|  |  |
|--|--|
| Principal Place of Business<br>2104-3 GILLIAM LANE<br>TALLAHASSEE, FL 32308 US | Mailing Address<br>2104-3 GILLIAM LANE<br>TALLAHASSEE, FL 32308 US |
|--|--|

|  |         |                     |         |
|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc. |         |
| City & State                                   |         | City & State        |         |
| Zip  | Country | Zip                 | Country |

02082008 Chg-LLC CR2E083 (12/06)

|                             |  |
|-----------------------------|--|
| 4. FEI Number<br>20-3853824 | Applied For<br><input type="checkbox"/> Not Applicable |
|-----------------------------|--|

|   |                                |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|--------------------------------|

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent                      |  |
| FIX, TRICIA A PRES<br>10 SW SOUTH RIVER RD<br>813<br>MIAMI, FL 33130 |  |

|  |          |
|--|----------|
| 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|                       |  |
|-----------------------|--|
| Amended AR is \$50.00 | Make check payable to<br>Florida Department of State |
|-----------------------|--|

| 9. MANAGING MEMBERS/MANAGERS                   |   | 10. ADDITIONS/CHANGES                          |  |
|--|---|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CEO<br>WINGO, PATRICIA S MGR<br>2104-3 GILLIAM LANE<br>TALLAHASSEE, FL 32308 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 400118344354<br>02/19/08--01045--003 **50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PRES<br>FIX, TRICIA A PRES<br>10 SW SOUTH RIVER RD APT 813<br>MIAMI, FL 33130 <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

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: <u>Patricia Wingo</u>  | 2-7-08               |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | Date Daytime Phone # |