

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000003907

**FILED**  
**Feb 06, 2012**  
**Secretary of State**

**Entity Name:** LOGIX3, LLC

**Current Principal Place of Business:**

11512 LAKE MEAD AVE  
BLDG 100  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

**Current Mailing Address:**

11512 LAKE MEAD AVE  
BLDG 100  
JACKSONVILLE, FL 32256

**New Mailing Address:**

**FEI Number:** 20-2152641

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KERN, BRUCE R  
11512 LAKE MEAD AVE BLDG 100  
JACKSONVILLE, FL 32256 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: P  
Name: KERN, BRUCE R  
Address: 11512 LAKE MEAD AVE BLDG 100  
City-St-Zip: JACKSONVILLE, FL 32256

Title: MGR  
Name: ROSSITER, ALAN W  
Address: 11512 LAKE MEAD AVE BLDG 100  
City-St-Zip: JACKSONVILLE, FL 32256

Title: VP  
Name: KAMMERER, ROBERT L  
Address: 11512 LAKE MEAD AVE BLDG 100  
City-St-Zip: JACKSONVILLE, FL 32256

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: BRUCE R KERN

MGR

02/06/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date