2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 21, 2008 8:00 am Secretary of State 04-21-2008 90318 024 ***138.75

DOCUMENT # L05000023997 1. Entity Name FIXNIX, LLC					•,	04-21-2008	90318 02	24 ***13	18.75
Principal Plac 701 88 STR SURFSIDE, F		Mailing Address 18999 BISCAYNE BLVD STE 205 AVENTURA, FL 33180 US)	0026153			788 4 148 8 4	
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01162008	Chg-LLC	CR2E08:	3 (12/06)		
City & State		City & State		4. FEI Numbe 58-266		····		oplied For ot Applicable	
Zip Country		Zip	Country		5. Certificate	of Status Desired_	□_ \$	5.00 Add se Require	fitional d -
	6. Name and Address of Curren	t Registered Agent			7. Name and	Address of New R	egistered Ag	jent	
VINAGRE, JESSY A 701 88 STREET SURFSIDE, FL 33154				Name Street Address (P.O. Box Number is Not Acceptable)					
	•		<u> </u>	City			FL	Zip Code	ө
	named entity submits this statement fitions of registered agent.	or the purpose of changing its	registered	d office or registe	red agent, or bot	th, in the State of Fic	orida. I am far	miliar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agen	it and title if applicable. (NOTE	: Registered :	Agent signature required	d when reinstating)	***	DATE		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State					
FILE After May	: NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.7	5							9
FILE After May	NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.7 MANAGING MEMB		10.				Departmen		9
After May	y 1, 2008 Fee will be \$538.7		TITLÉ NAME	T ADDRESS		Florida	Departmer		e ☐ Addition
9. TITLE NAME STREET ADDRESS	MANAGING MEMB MGRM VINAGRE, JESSY A 701 88 STREET	ERS/MANAGERS	TITLE NAME STREET CITY-S TITLE NAME	T ADDRESS ST-ZIP		Florida	Department CHANGES	nt of State	
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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: SIGNATURE AND TYPED ON PRINTED NAME OF BIONING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

