

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000069681

Entity Name: LEXAD PRODUCTS, L.L.C.

FILED  
Jun 19, 2008  
Secretary of State

## Current Principal Place of Business:

20223 NE 19TH PLACE  
NORTH MIAMI BEACH, FL 33179

## New Principal Place of Business:

7951 S.W. 6TH STREET  
SUITE #106  
PLANTATION, FL 33324

## Current Mailing Address:

20223 NE 19TH PLACE  
NORTH MIAMI BEACH, FL 33179

## New Mailing Address:

7951 S.W. 6TH STREET  
SUITE #106  
PLANTATION, FL 33324

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

CAHAN, RICHARD J.A. ESQ.  
C/O BECKER & POLIAKOFF, P.A.  
121 ALHAMBRA PLAZA, 10TH FLOOR  
MIAMI, FL 33134 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: MGR ( ) Delete  
Name: DIVEROLI, OSCAR  
Address: 20223 NE 19TH PLACE  
City-St-Zip: NORTH MIAMI BEACH, FL 33179

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: DIVEROLI, OSCAR  
Address: 7951 S.W. 6TH STREET, SUITE #106  
City-St-Zip: PLANTATION, FL 33324

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: OSCAR DIVEROLI

MGR

06/19/2008

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