


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2008 08:00 AM
Secretary of State


DOCUMENT # L05000086793

1. Entity Name
FELIXA INVESTMENTS, LLC



| | |
|--|--|
| Principal Place of Business 16250 N.W. 46TH STREET MORRISTON, FL 32668 US | Mailing Address 16250 N.W. 46TH STREET MORRISTON, FL 32668 US |
|--|--|

DO NOT WRITE IN THIS SPACE



01042008 No Chg-LLC CR2E083 (12/07)

| | |
|---|---|
| 4. FEI Number NOT APPLICABLE | Applied For <input type="checkbox"/> Applied For <input checked="" 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

**MIMS, RONALD A
 16250 N.W. 46TH STREET
 MORRISTON, FL 32668**

DO NOT WRITE IN THIS SPACE

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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | MGRM MIMS, RONALD A 16250 N.W. 46TH STREET MORRISTON, FL 32668 |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | MGRM MIMS, DIANNE L 16250 N.W. 46TH STREET MORRISTON, FL 32668 |
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UD0000777282
 01/10/08-90001-004-138.75

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: *James L Mims* Date: 1/7/08 Daytime Phone #: 352.629.9781

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #