## **2008 LIMITED LIABILITY COMPANY**

## **FILED** ANNUAL REPORT May 12, 2008 08:00 AN Secretary of State **DOCUMENT # L05000102611** 1. Entity Name VERTEX, LLC Principal Place of Business Mailing Address 1301 CAMELIA CIRCLE **1301 CAMELIA CIRCLE** WESTON, FL 33326 WESTON, FL 33326 05072008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 20-4292457 \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DIAZ, MARIO DO NOT WRITE 1301 CAMELIA CIRCLE WESTON, FL 33326 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE 000000950828 FILE NOWIII FEE IS \$138.75 In accordance with s. 607.193(2)(b), F.S., the limited 06/04/08-80007-012 138.75 Due by September 12, 2008 flability company did not receive the prior notice. 9. MANAGING MEMBERS/MANAGERS TITLE MGR NAME DIAZ, MARIO F. STREET ADDRESS 1301 CAMELLIA CIRCLE CITY-ST-ZIP WESTON, FL 33326 MGR TITLE BOHORQUEZ, YOLANDA MRS. NAME 1301 CAMELLIA CIRCLE STREET ADDRESS CITY-ST-ZIP WESTON, FL 33326 TITLE NAME STREET ADORESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIF TITLE

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: SIGNATURE AND TYPED OR IG MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

NAME STREET ADDRESS

95cf 592-89/1

Daytime Phone #