


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 07, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90030 003 \*\*\*\*50.00

<b>DOCUMENT # L05000117534</b>	
1. Entity Name CX-PLUS, LLC	

Principal Place of Business 4612 CLUB DRIVE, UNIT 102 PORT CHARLOTTE, FL 33953	Mailing Address 4612 CLUB DRIVE, UNIT 102 PORT CHARLOTTE, FL 33953
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

30007047



04152007 Chg-LLC CR2E083 (12/06)

4. FEI Number ☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LANCETTE, LAWRENCE H 4612 CLUB DRIVE, UNIT 102 PORT CHARLOTTE, FL 33953		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LANCETTE, LAWRENCE H 4612 CLUB DRIVE, UNIT 102 PORT CHARLOTTE, FL 33953 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date


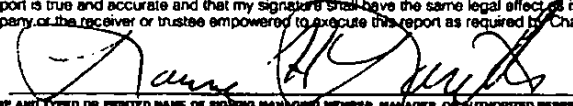
Daytime Phone #

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/18/2007-90030-003-\$50.00-\$50.00

ATTACHMENT

30007047

DOCUMENT # <b>L05000117534</b>			
1. Entity Name <b>CX-PLUS, LLC</b>			
Principal Place of Business <b>4612 CLUB DRIVE, UNIT 102 PORT CHARLOTTE, FL 33953</b>		Mailing Address <b>4612 CLUB DRIVE, UNIT 102 PORT CHARLOTTE, FL 33953</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>APPLIED FOR</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>LANCETTE, LAWRENCE H 4612 CLUB DRIVE, UNIT 102 PORT CHARLOTTE, FL 33953</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM LANCETTE, LAWRENCE H 4612 CLUB DRIVE, UNIT 102 PORT CHARLOTTE, FL 33953</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE: 		Date <b>4/15/07</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>	

ATTACHMENT

30007047

**CX-Plus LLC**

4612 Club Drive Unit 102  
Port Charlotte FL. 33953  
Phone: (812) 720-6491  
Email: [LancetteL@CX-Plus.com](mailto:LancetteL@CX-Plus.com)

#L05000117534

Date: May 4, 2007

Florida Department of State  
Division of Corporations  
P.O Box 6478  
Tallahassee, FL. 32314

Enclosed are the following:

- 2007 Limited Liability Company Annual Report
- April 23, 2007 Letter

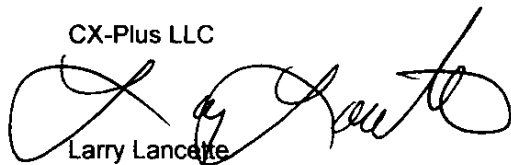
Comment

- The original report was filled out incorrectly the.
  - The FEI Number was not applied for,
  - The company does not require a FEI Number
  - The Not Applicable box should have been checked

Please contact me if you have any questions.

Sincerely,

CX-Plus LLC



Larry Lancette  
President