FILED
07 APR 27 AM 10: 13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000119070

1. Entity Name
TEXTOR LLC

BK

700009257477

Principal Place of Business	Mailing Address
7173 CONSTRUCTION COURT SAN DIEGO, CA 92121	7173 CONSTRUCTION COURT SAN DIEGO, CA 92121

04262007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt: 1220 N. Market Street Suite 808	Suite, Apt: 1220 N. Market Street Suite 808
City & State: Wilmington, DE 19801	City & State: Wilmington, DE 19801
Zip / Country	Zip / Country

4. FEI Number: NOT APPLICABLE — 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
O'BRIEN, THERESA C 20244 MELVILLE ST. ORLANDO, FL 32833	Name: Florida Filing & Search Services LLC Street Address (P.O. Box Number is Not Acceptable): 155 Office Plaza Drive, Suite A City: Tallahassee FL Zip Code: 32301

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] 4/27/07
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

BK

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR DOMITRIX CORP., IBC NO. 024475 OLIAJI TRADE CENTRE, FRANCIS STREET, P.O. VICTORIA, MAHE REPUBLIC OF S.	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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] Jeff Tindall, Auth Rep 4/27/07 302-421-5752
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302
155 Office Plaza Drive, Suite A Tallahassee, FL 32301
PHONE: (850) 216-0457; FAX: (850) 216-0460

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07 APR 27 AM 10:13 RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
07 APR 27 PM 3:32
BUREAU OF CORPORATIONS
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DATE: 04-27-07

NAME: TEXTOR, LLC

TYPE OF FILING: **ANNUAL REPORT**

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COST: **$50**

RETURN:

ACCOUNT: **FCA0000000015**

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AUTHORIZATION: **ABBIE/PAUL HODGE**
