

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

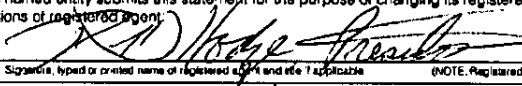
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK

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DOCUMENT # L05000119070			
1. Entity Name TEXTOR LLC			
Principal Place of Business 7173 CONSTRUCTION COURT SAN DIEGO, CA 92121		Mailing Address 7173 CONSTRUCTION COURT SAN DIEGO, CA 92121	
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) ISS 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 		DATE 4/27/07	
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: 		Date 4/27/07 302-421-5752	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		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

DATE: 04-27-07

NAME: TEXTOR, LLC

TYPE OF FILING: ANNUAL REPORT

COST: \$50

RETURN:

ACCOUNT: FCA0000000015

AUTHORIZATION: ABBIE PAUL HODGE

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