

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 28, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000122888 1. Entity Name CYGNEX, LLC					
Principal Place of Business 1717 EAST LAKE CANNON DRIVE WINTER HAVEN, FL 33881			Mailing Address 1717 EAST LAKE CANNON DRIVE WINTER HAVEN, FL 33881		
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		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WILSON, KERRY M 141 5TH STREET N.W. WINTER HAVEN, FL 33881				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
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	MRS. WILSON, ELISABETH C MGRM 1906 18TH ST. NW WINTER HAVEN, FL 33881	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center;"> 1000000681443 04/04/07-80044-006 50.00 </div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MR. CHAPMAN, ROBERT L MGRM 2525 LANIER PLACE DURHAM, NC 27705	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MR. CHAPMAN, THOMAS A MGRM 1717 E. LAKE CANNON DRIVE WINTER HAVEN, FL 33881	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		<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: <u>Robert L. Chapman</u> 919 <div style="display: flex; justify-content: space-between;"> Robert L. Chapman 3/20/07 680-2000 </div> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone</small>					