

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000002853

Entity Name: NXPIRE LLC

FILED  
Mar 25, 2008  
Secretary of State

## Current Principal Place of Business:

772 TIVOLI CIRCLE  
APT. #203  
DEERFIELD BEACH, FL 33498 US

## New Principal Place of Business:

11201 SW 55TH STREET NO. 1  
MIRAMAR, FL 33025 US

## Current Mailing Address:

10890 HAYDN DR  
BOCA RATON, FL 33498 US

## New Mailing Address:

PO BOX 480226  
FORT LAUDERDALE, FL 33348 US

FEI Number: 20-4072824

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ARMIRAGLIO, MASSIMO  
10890 HAYDN DR  
BOCA RATON, FL 33498 US

## Name and Address of New Registered Agent:

DINO, D'AGOSTINO  
11201 SW 55TH STREET NO. 1  
MIRAMAR, FL 33025 US

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.

SIGNATURE: DINO D'AGOSTINO

03/25/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: ARMIRAGLIO, MASSIMO  
Address: 10890 HAYDN DR  
City-St-Zip: BOCA RATON, FL 33498 US

Title: MGRM (X) Delete  
Name: PAOLA, RIBOLINI  
Address: 772 TIVOLI CIRCLE #203  
City-St-Zip: DEERFIELD BEACH, FL 33441 US

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MASSIMO ARMIRAGLIO

MGRM

03/25/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date