

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90349 047 \*\*\*\*\*50.00

**DOCUMENT # L06000003378**

1. Entity Name  
**PHEAX, LLC.**



Principal Place of Business  
~~3551 MAGNOLIA DRIVE~~  
703  
PALM HARBOR, FL 34684

Mailing Address  
~~3551 MAGNOLIA DRIVE~~  
703  
PALM HARBOR, FL 34684

00004070



2. Principal Place of Business - No P.O. Box #  
**3551 Magnolia Ridge Circle**

3. Mailing Address  
**3551 Magnolia Ridge Circle**

03262007 Chg-LLC CR2E083 (12/06)

Suite, Apt. #, etc.  
**703**

Suite, Apt. #, etc.  
**703**

4. FEI Number  
**20-4083132**

Applied For  
Not Applicable

City & State

City & State

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

Zip Country

Zip Country

## 6. Name and Address of Current Registered Agent

**KOSKINAS, NICHOLAS**  
~~3551 MAGNOLIA DRIVE~~  
703  
PALM HARBOR, FL 34684

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**3551 Magnolia Ridge Circle #703**

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

TITLE **MGRM** ☐ Delete  
NAME **KOSKINAS, NICHOLAS**  
STREET ADDRESS ~~3551 MAGNOLIA DRIVE, #703~~  
CITY-ST-ZIP **PALM HARBOR, FL 34684**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **3551 Magnolia Ridge Circle #703**  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:** *Nicholas Koskinas* **NICHOLAS KOSKINAS** **4-2-07** **727-772-8347**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #