

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000006045

FILED
Jul 18, 2007
Secretary of State

Entity Name: FOXFORCE, LLC

Current Principal Place of Business:

14450 REUTER STRASSE CIRCLE
APT# 708
TAMPA, FL 33613

New Principal Place of Business:

Current Mailing Address:

14450 REUTER STRASSE CIRCLE
APT# 708
TAMPA, FL 33613

New Mailing Address:

FEI Number: 51-0564733 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

JACKSON, KELLEY
14450 REUTER STRASSE CIRCLE
APT# 708
TAMPA, FL 33613 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JACKSON, KELLEY
Address: 14450 REUTER STRASSE CIRCLE APT # 708
City-St-Zip: TAMPA, FL 33613

Title: MGR () Delete
Name: EGLESTON, ALYSSA
Address: 2011 STERLING PALMS COURT APT. 204
City-St-Zip: BRANDON, FL 33511

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: EGLESTON, ALYSSA
Address: 1824 G SUNSET POINT ROAD
City-St-Zip: CLEARWATER, FL 33765

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: ALYSSA M EGLESTON

MGR

07/18/2007

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