

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2007 8:00 am**  
**Secretary of State**

02-16-2007 90182 001 \*\*\*\*55.00

DOCUMENT # L06000033592

1. Entity Name

UNIVERSAL TRAX LLC



Principal Place of Business

62290 FRONTIER CIRCLE  
LABELLE FL 33935  
FL

Mailing Address

14630 PALM BEACH BLVD. #3  
PMB #230  
FORT MYERS FL 33905



2. Principal Place of Business - No P.O. Box #

24300 LOBLOLLY BAY RD.

3. Mailing Address

24300 LOBLOLLY BAY RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/06)

City & State

LABELLE FL

City & State

LABELLE FL.

4. FEI Number

54-2194600

Applied For

Not Applicable

Zip

33935

Country

GLADES

Zip

33935

Country

GLADES

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

COX, TIFFANY  
62290 FRONTIER CIRCLE  
LABELLE FL 33935

7. Name and Address of New Registered Agent

Name BRIAN COX

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

24300 LOBLOLLY BAY RD.

City LABELLE

FL

Zip Code

33935

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.

MANAGING MEMBER

(NOTE: Registered Agent signature required when reinstating)

2/9/07

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME COX, BRIAN C  
STREET ADDRESS 62290 FRONTIER CIRCLE  
CITY-STATE-ZIP LABELLE FL 33935

TITLE MGRM ☐ Delete  
NAME COX, TIFFANY  
STREET ADDRESS 62290 FRONTIER CIRCLE  
CITY-STATE-ZIP LABELLE FL 33935

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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

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

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/9/07 239-633-2443