

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 22, 2008 8:00 am**  
**Secretary of State**

02-22-2008 90042 012 \*\*\*138.75

**DOCUMENT # L06000036686**

1. Entity Name

COMPUTER DESIGN MATRIX LLC



Principal Place of Business

9881 53RD LANE  
PINELLAS PARK, FL 33782 US

Mailing Address

9881 53RD LANE  
PINELLAS PARK, FL 33782 US

00010000



01232008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

GALLETS, EUNICE  
2825 SW 22ND AVE. STE. 105  
PINELLAS PARK, FL 33782

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME HICKS, MICHAEL  
STREET ADDRESS 9881 53RD LANE  
CITY-ST-ZIP 9881 53RD LANE, FL 33782

TITLE MGRM  
NAME HICKS, B K  
STREET ADDRESS 9881 53RD LANE  
CITY-ST-ZIP 9881 53RD LANE, FL 33782

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

*B K Hicks*

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

2/2/08 (770) 965-0613

Date

Daytime Phone #