

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000038495

FILED
Feb 12, 2007
Secretary of State

Entity Name: TYLEX ENTERPRISE, LLC

Current Principal Place of Business:

19472 SW 87TH COURT
MIAMI, FL 33157

New Principal Place of Business:

18 BLARE CASTLE DRIVE
PALM COAST, FL 32137

Current Mailing Address:

19472 SW 87TH COURT
MIAMI, FL 33157

New Mailing Address:

P.O. BOX 352800
PALM COAST, FL 32135

FEI Number: 20-4746402

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HATHAWAY, MATTHEW L
19472 SW 87TH COURT
MIAMI, FL 33157 US

Name and Address of New Registered Agent:

HATHAWAY, MATTHEW L
18 BLARE CASTLE DRIVE
PALM COAST, FL 32137 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: ELIZABETH HATHAWAY

02/12/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HATHAWAY, MATTHEW L
Address: 19472 SW 87TH COURT
City-St-Zip: MIAMI, FL 33157

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HATHAWAY, MATTHEW L
Address: 18 BLARE CASTLE DRIVE
City-St-Zip: PALM COAST, FL 32137

Title: MGR () Change (X) Addition
Name: HATHAWAY, ELIZABETH D
Address: 18 BLARE CASTLE DRIVE
City-St-Zip: PALM COAST, FL 32137

I hereby certify that the information supplied with this filing does not qualify for the 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: ELIZABETH HATHAWAY

MGR

02/12/2007

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