

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Jun 12, 2008 8:00 am
Secretary of State

04-28-2008 90041 021 ***138.75

DOCUMENT # L06000045236 1. Entity Name PTX GLOBAL, LLC			
Principal Place of Business 2893 EXECUTIVE PARK DRIVE SUITE 304 WESTON, FL 33331		Mailing Address 2893 EXECUTIVE PARK DRIVE SUITE 304 WESTON, FL 33331	
2. Principal Place of Business No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
4. Fictitious Name Number APPLIED FOR 03-0591708		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PAUL SALVER, P.A. 2721 EXECUTIVE PARK DRIVE, #3 WESTON, FL 33331		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ DATE _____ Signature, typed or printed name of registered agent and date of filing state (NOTY: Registered Agent's signature required on all new registrations)			
FILE NOW!! FEE IS \$138.75 / After May 1, 2005 Fee will be \$538.75		Make check payable to: Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGR LUJAN, ELEAZAR 2893 EXECUTIVE PARK DRIVE, SUITE 304 WESTON, FL 33331 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP MGR LUJAN, EGILDO 2893 EXECUTIVE PARK DRIVE, SUITE 304 WESTON, FL 33331 ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGR LUJAN, EGILDO 2893 EXECUTIVE PARK DRIVE, SUITE 304 WESTON, FL 33331 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP MGR LUJAN, EGILDO 2893 EXECUTIVE PARK DRIVE, SUITE 304 WESTON, FL 33331 ☐ Change ☐ Addition	
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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 included 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/liquidator empowered to dissolve this report as required by Chas. 608, Florida Statutes.			
SIGNATURE: _____ 04/25/2009		DATE: _____	