

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000062324

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: CONVIXPRESS LLC.

**Current Principal Place of Business:**

8055 NW 68 ST  
MIAMI, FL 33166

**New Principal Place of Business:**

**Current Mailing Address:**

8055 NW 68 ST  
MIAMI, FL 33166

**New Mailing Address:**

9009 NW 44 CT  
SUNRISE, FL 33351

FEI Number: 20-5175958

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MARTINEZ, AZDRUBAL  
9009 NW 44 CT  
SUNRISE, FL 33351 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: PR ( ) Delete  
Name: MARTINEZ, AZDRUBAL  
Address: 9009 NW 44 CT  
City-St-Zip: SUNRISE, FL 33351

Title: VP ( ) Delete  
Name: KANNEE, LUIS  
Address: 1348 NW 78 AVE  
City-St-Zip: MIAMI, FL 33126

**ADDITIONS/CHANGES:**

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

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

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: AZDRUBAL MARTINEZ

RP

04/30/2009

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