2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000069554

1. Entity Name
IPEX, LLC

Principal Place of Business	Mailing Address
2079 N POWERLINE RD #2 POMPANO, FL 33069	5139 ORRVILLE AVE WOODLAND HILLS, CA 91367

DO NOT WRITE IN THIS SPACE

03132008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
20-5251812

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

LEVY, RON
2079 N POWERLINE RD #2
POMPANO BEACH, FL 33069

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 _____ 3/23/08
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

000000876044
04/11/08-80057-012 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	LEVY, RON
STREET ADDRESS	5139 ORRVILLE AVE
CITY-ST-ZIP	WOODLAND HILLS, CA 91367
TITLE	MGRM
NAME	LEVY, GALEET
STREET ADDRESS	5139 ORRVILLE AVE
CITY-ST-ZIP	WOODLAND HILLS, CA 91367
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Flor atutes. I further certify that the information n a managing member or manager of the

SIGNATURE: _____ 818-442-2990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #