

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90129 006 ***143.75

DOCUMENT # L06000098149

1. Entity Name
PHITEX LABS, LLC



Principal Place of Business

**96 WILLARD STREET
SUITE 101
COCOA, FL 32922 US**

Mailing Address

**96 WILLARD STREET
SUITE 101
COCOA, FL 32922 US**



01112008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-5678842

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DICKINSON, DAVID L
96 WILLARD STREET
SUITE 101
COCOA, FL 32922**

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CUMMINS, BARRY
96 WILLARD STREET, SUITE 101
COCOA, FL 32922**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CREASEY, DAVID
96 WILLARD STREET, SUITE 101
COCOA, FL 32922**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
DICKINSON, DAVID L
96 WILLARD STREET, SUITE 101
COCOA, FL 32922**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SMITH, RUSSELL
96 WILLARD STREET, SUITE 101
COCOA, FL 32922**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
APPLEBY, ROBERT
96 WILLARD STREET, SUITE 101
COCOA, FL 32922**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BURNS, JAMES
96 WILLARD STREET, SUITE 101
COCOA, FL 32922**

**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

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

Date

Daytime Phone #

David L. Dickinson **DAVID L DICKINSON** 4/4/08 321 639 0771