

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000098149

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: PHITEX LABS, LLC

## Current Principal Place of Business:

96 WILLARD STREET  
SUITE 101  
COCOA, FL 32922 US

## New Principal Place of Business:

## Current Mailing Address:

96 WILLARD STREET  
SUITE 101  
COCOA, FL 32922 US

## New Mailing Address:

FEI Number: 20-5678842

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

DICKINSON, DAVID L  
96 WILLARD STREET  
SUITE 101  
COCOA, FL 32922 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: MGRM ( ) Delete  
Name: CUMMINS, BARRY  
Address: 96 WILLARD STREET, SUITE 101  
City-St-Zip: COCOA, FL 32922 US

Title: MGRM ( ) Delete  
Name: CREASEY, DAVID  
Address: 96 WILLARD STREET, SUITE 101  
City-St-Zip: COCOA, FL 32922 US

Title: MGRM ( ) Delete  
Name: DICKINSON, DAVID L  
Address: 96 WILLARD STREET, SUITE 101  
City-St-Zip: COCOA, FL 32922 US

Title: MGRM ( ) Delete  
Name: SMITH, RUSSELL  
Address: 96 WILLARD STREET, SUITE 101  
City-St-Zip: COCOA, FL 32922 US

Title: MGRM ( ) Delete  
Name: APPLEBY, ROBERT  
Address: 96 WILLARD STREET, SUITE 101  
City-St-Zip: COCOA, FL 32922 US

Title: MGRM ( ) Delete  
Name: BURNS, JAMES  
Address: 96 WILLARD STREET, SUITE 101  
City-St-Zip: COCOA, FL 32922 US

## ADDITIONS/CHANGES:

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

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

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

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

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: DAVID L. DICKINSON

MGRM

04/30/2009

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