2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 08, 2008
Secretary of State

DOCUMENT# L06000098991

Entity Name: CONXPERIENCE, LLC

Current Principal Place of Business:

1001 SW 16TH AVE. APT 99
GAINESVILLE, FL 32601 US

New Principal Place of Business:

2255 W GERMANN RD
2146
CHANDLER, AZ 85286 US

Current Mailing Address:

1001 SW 16TH AVE. APT 99
GAINESVILLE, FL 32601 US

New Mailing Address:

2255 W GERMANN RD
2146
CHANDLER, AZ 85286 US

FEI Number: 20-5694671 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PYE, THOMAS G
3909 W NEWBERRY ROAD
SUITE C
GAINESVILLE, FL 32607 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: GRUNDMANN, OLIVER
Address: 1001 SW 16TH AVE., APT 99
City-St-Zip: GAINESVILLE, FL 32601 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: GRUNDMANN, OLIVER
Address: 2255 W GERMANN RD, APT.2146
City-St-Zip: CHANDLER, AZ 85286 US

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: OLIVER GRUNDMANN MGRM 01/08/2008

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