

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000098991

Entity Name: CONXPERIENCE, LLC

**FILED**  
**Jan 11, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

108 NE 29TH STREET  
C/O IRWIN MILLER  
WILTON MANORS, FL 33334 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 12505  
CHANDLER, AZ 85248

**New Mailing Address:**

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  
Name: GRUNDMANN, RAINER WILLIE  
Address: 108 NE 29TH STREET  
City-St-Zip: WILTON MANORS, FL 33334 US

I hereby 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: RAINER W GRUNDMANN

MGRM

01/11/2010

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