LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000099674

1. Entity Name
MX2 MARKETING, LLC

FILED
Sep 09, 2008 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
1918 W CASS ST. STE B TAMPA, FL 33606	1918 W CASS ST. STE B TAMPA, FL 33606

07082008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-4344978
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KEITH, W.C.
1722 STAYSAIL DR
VALRICO, FL 33594

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing)

FILE NOW!!! FEE IS $138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SCHWARTZ, MATTHEW
STREET ADDRESS	10032 NEW PARKE RD
CITY-ST-ZIP	TAMPA, FL 33626
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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NAME	
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CITY-ST-ZIP	

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09/09/08-80003-005 143.75

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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: x _____ x 9/4/08 813-943-8105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #