## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L07000021748

Entity Name: ONYX SQUARED, LLC

FILED Apr 23, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

7501 W OAKLAND PARK BLVD STE 205 LAUDERHILL, FL 33319

Current Mailing Address: New Mailing Address:

7501 W OAKLAND PARK BLVD STE 205 273 S STATE RD 7 PMB 235 LAUDERHILL, FL 33319 MARGATE, FL 33063

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SMITH, ANDRE N SMITH, CORLISS T

7501 W OAKLAND PARK BLVD STE 205 273 S STATE RD 7 PMB 235 LAUDERHILL, FL 33319 US MARGATE, FL 33063 US

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: CORLISS SMITH 04/23/2008

Electronic Signature of Registered Agent Date

## MANAGING MEMBERS/MANAGERS:

MGRM () Delete SMITH, ANDRE N

Address: 7501 W OAKLAND PARK BLVD STE 205

City-St-Zip: LAUDERHILL, FL 33319

Name:

Title: MGRM () Delete
Name: BAPTISTE, STEPHEN J

Address: 7501 W OAKLAND PARK BLVD STE 205

City-St-Zip: LAUDERHILL, FL 33319

Title: MGRM ( ) Delete Name: EDOUARD, FRANCIS

Address: 7501 W OAKLAND PARK BLVD STE 205

City-St-Zip: LAUDERHILL, FL 33319

Title: MGRM (X) Delete Name: CHANNER, SHANNON

Address: 7501 W OAKLAND PARK BLVD STE 205

City-St-Zip: LAUDERHILL, FL 33319

## ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition

Name: SMITH, ANDRE N

Address: 273 S STATE RD 7 PMB 235

City-St-Zip: MARGATE, FL 33063

Title: MGRM (X) Change ( ) Addition

 Name:
 NELSON, DOROTHY R

 Address:
 273 S STATE RD 7 PMB 235

 City-St-Zip:
 MARGATE, FL 33063

Title: MGM (X) Change ( ) Addition

Name: SMITH, CORLISS T Address: 273 S STATE RD 7 PMB 235

City-St-Zip: MAGATE, FL 33063

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: CORLISS SMITH MGM 04/23/2008