

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000021748

Entity Name: ONYX SQUARED, LLC

FILED
Aug 12, 2009
Secretary of State

Current Principal Place of Business:

7501 W OAKLAND PARK BLVD STE 205
LAUDERHILL, FL 33319

New Principal Place of Business:

Current Mailing Address:

273 S STATE RD 7 PMB 235
MARGATE, FL 33063

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SMITH, ANDRE N
Address: 273 S STATE RD 7 PMB 235
City-St-Zip: MARGATE, FL 33063

Title: MGRM () Delete
Name: NELSON, DOROTHY R
Address: 273 S STATE RD 7 PMB 235
City-St-Zip: MARGATE, FL 33063

Title: MGM () Delete
Name: SMITH, CORLISS T
Address: 273 S STATE RD 7 PMB 235
City-St-Zip: MAGATE, FL 33063

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:

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

08/12/2009

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