

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 27, 2008 8:00 am**  
**Secretary of State**

05-27-2008 90372 031 \*\*\*138.75

**DOCUMENT #** L07000049636

**1. Entity Name**

VIXENS, LLC

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**  
4036 CR 106

Suite, Apt. #, etc.

**3. Mailing Address**  
4036 CR 106

Suite, Apt. #, etc.

**City & State**  
OXFORD, FL

**City & State**  
OXFORD, FL

**4. FEI Number**  
33-1182173

**Applied For**  
Not Applicable

**Zip**  
34484

**Country**

**Zip**  
34484

**Country**

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

DO NOT WRITE IN THIS SPACE

**50005920**

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

**Name**

S JIMENEZ

**Street Address (P.O. Box Number is Not Acceptable)**

4036 CR 106

**City**  
OXFORD

**FL**

**Zip Code**  
34484

**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**

Signature, typed or printed name of registered agent and title if applicable.

**DATE**

FEE IS \$50.00

Make Check Payable to Department of State  
DUE BY MAY 1

**9. MANAGING MEMBERS/MANAGERS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
MGRM  
S JIMENEZ  
165 TARA OAKS CIRCLE  
LADY LAKE, FL. 32159

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
MGRM  
V SCHENCK  
1334 BALBOA CT  
THE VILLAGES, FL 32162

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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IN THIS SPACE**

**11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**Date**

**Daytime Phone #**

CR2E083B (12/02)