

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000081796

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Entity Name:** IN FAUX FX, LLC

**Current Principal Place of Business:**

309 15TH. AVE. NW  
RUSKIN, FL 33570

**New Principal Place of Business:**

**Current Mailing Address:**

309 15TH. AVE. NW  
RUSKIN, FL 33570

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

WINDER, RAY W  
309 15TH. AVE. NW  
RUSKIN, FL 33570 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: WINDER, CATHERINE A  
Address: 309 15TH. AVE. NW  
City-St-Zip: RUSKIN, FL 33570

Title: MGRM  
Name: WINDER, RAY W  
Address: 309 15TH. AVE. NW  
City-St-Zip: RUSKIN, FL 33570

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: RAY WINDER

MGRM

04/30/2011

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