

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000109710

Entity Name: LEXERON LLC

FILED
Apr 11, 2009
Secretary of State

Current Principal Place of Business:

3369 DRY CREEK DRIVE
TALLAHASSEE, FL 32309 US

New Principal Place of Business:

3486 GARDENVIEW WAY
TALLAHASSEE, FL 32309 US

Current Mailing Address:

3369 DRY CREEK DRIVE
TALLAHASSEE, FL 32309 US

New Mailing Address:

3486 GARDENVIEW WAY
TALLAHASSEE, FL 32309 US

FEI Number: 59-4337546

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MELIK-ALLAVERDIAN, YOURIK
3369 DRY CREEK DRIVE
TALLAHASSEE, FL 32309 US

Name and Address of New Registered Agent:

AKOPYAN, ELENA
3486 GARDENVIEW WAY
TALLAHASSEE, FL 32309 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: ELENA AKOPYAN

04/11/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MELIK-ALLAVERDIAN, VILEN
Address: 300 LYNN SHORE DR., SUITE 711
City-St-Zip: LYNN, MA 01902 US

ADDITIONS/CHANGES:

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: VILEN MELIK-ALLAVERDIAN

DR.

04/11/2009

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