

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000110419

FILED
Apr 30, 2009
Secretary of State

Entity Name: PHITEX MEIP, LLC

Current Principal Place of Business:

96 WILLARD STREET
SUITE 101
COCOA, FL 32922 US

New Principal Place of Business:

Current Mailing Address:

96 WILLARD STREET
SUITE 101
COCOA, FL 32922 US

New Mailing Address:

FEI Number: 26-1724408

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DICKINSON, DAVID L
96 WILLARD STREET
SUITE 101
COCOA, FL 32922 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: MGR () Delete
Name: DICKINSON, DAVID L
Address: 96 WILLARD STREET, SUITE 101
City-St-Zip: COCOA, FL 32922 US

Title: MGR () Delete
Name: CREASEY, DAVID
Address: 96 WILLARD STREET, SUITE 101
City-St-Zip: COCOA, FL 32922 US

Title: MGR () Delete
Name: CUMMINS, BARRY
Address: 96 WILLARD STREET, SUITE 101
City-St-Zip: COCOA, FL 32922 US

Title: MGR () Delete
Name: SMITH, RUSSELL
Address: 96 WILLARD STREET, SUITE 101
City-St-Zip: COCOA, FL 32922 US

Title: MGR () Delete
Name: APPLEBY, ROBERT
Address: 96 WILLARD STREET, SUITE 101
City-St-Zip: COCOA, FL 32922 US

Title: MGR () Delete
Name: BURNS, JAMES
Address: 96 WILLARD STREET, SUITE 101
City-St-Zip: COCOA, FL 32922 US

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:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
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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: DAVID L. DICKINSON

MGR

04/30/2009

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