

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90021 001 \*\*\*143.75

60038300



<b>DOCUMENT # L07000115551</b> 1. Entity Name <b>BUSINESS MEX LLC.</b>																													
Principal Place of Business <b>12000 NORTH DALE MABRY HWY SUITE 110 TAMPA, FL 33618 US</b>			Mailing Address <b>12000 NORTH DALE MABRY HWY SUITE 110 TAMPA, FL 33618 US</b>																										
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.																											
City & State  Zip		City & State  Zip		4. FEI Number 02132008 Chg-LLC CR2E083 (12/06)																									
Country		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required																									
6. Name and Address of Current Registered Agent  <b>THE LAW OFFICES OF NICK SPRADLIN, PLLC 12000 NORTH DALE MABRY HWY SUITE 110 TAMPA, FL 33618</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																									
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.				DATE <b>4/29/08</b>																									
SIGNATURE <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75																									
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">MGRM</td> <td style="width: 40%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BECERRA, MARIA D</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>12000 NORTH DALE MABRY HWY</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMPA, FL 33618</td> <td></td> </tr> </table>				TITLE	MGRM	<input type="checkbox"/> Delete	NAME	BECERRA, MARIA D		STREET ADDRESS	12000 NORTH DALE MABRY HWY		CITY-ST-ZIP	TAMPA, FL 33618		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;"></td> <td style="width: 40%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <b>MARIA D BECERRA</b> <b>APRIL 25, 2008</b> <b>3055177511</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>																													