2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# L08000008040

Entity Name: LIGHTNING GRAPHIXX LLC

Current Principal Place of Business:

755 CARRIAGE LAKE WAY
VERO BEACH, FL 32968

New Principal Place of Business:

11173 SW 88 ST
F106
MIAMI, FL 33176

Current Mailing Address:

755 CARRIAGE LAKE WAY
VERO BEACH, FL 32968

New Mailing Address:

11173 SW 88 ST
F106
MIAMI, FL 33176

FEI Number: 26-1713723 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FLORES, LUIS
755 CARRIAGE LAKE WAY
VERO BEACH, FL 32968 US

Name and Address of New Registered Agent:

FLORES, LUIS
11173 SW 88 ST
F106
MIAMI, FL 33176 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: LUIS FLORES 04/22/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: P ( ) Delete
Name: FLORES, LUIS
Address: 755 CARRIAGE LAKE WAY
City-St-Zip: VERO BEACH, FL 32968

Title: V ( ) Delete
Name: FLORES, ALEJANDRO
Address: 755 CARRIAGE LAKE WAY
City-St-Zip: VERO BEACH, FL 32968

ADDITIONS/CHANGES:

Title: P (X) Change ( ) Addition
Name: FLORES, LUIS M
Address: 11173 SW 88 ST
City-St-Zip: MIAMI, FL 33176

Title: V (X) Change ( ) Addition
Name: FLORES, YLCE A
Address: 11173 SW 88 ST
City-St-Zip: MIAMI, FL 33176

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: LUIS M FLORES P 04/22/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date