

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000026184

Entity Name: COMPANYYX LLC

FILED  
Mar 12, 2009  
Secretary of State

## Current Principal Place of Business:

445 DOUGLAS AVE  
SUITE 2005-14  
ALTAMONTE SPRINGS, FL 32714

## Current Mailing Address:

445 DOUGLAS AVE  
SUITE 2005-14  
ALTAMONTE SPRINGS, FL 32714

## New Principal Place of Business:

999 DOUGLAS AVE  
SUITE 3323  
ALTAMONTE SPRINGS, FL 32714

## New Mailing Address:

999 DOUGLAS AVE  
SUITE 3323  
ALTAMONTE SPRINGS, FL 32714

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

PLATFORM DESIGN, INC.  
445 DOUGLAS AVE  
SUITE 2005-15  
ALTAMONTE SPRINGS, FL 32714 US

## Name and Address of New Registered Agent:

CARY RAGSDALE  
481 ALEXANDER DRIVE  
DELTONA, FL 32725 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: CARY RAGSDALE

03/12/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: PLATFORM DESIGN, INC., .  
Address: 445 DOUGLAS AVE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: PLATFORM DESIGN, INC., .  
Address: 999 DOUGLAS AVE SUITE 3323  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: MGR ( ) Change (X) Addition  
Name: JHCP TELECOM C.A.,,  
Address: AVE.FRANCES DE MIRANDA, HUMBOLDT - 6 - 24A  
City-St-Zip: ALTAMIRA CARACAS, FE 01060 VE

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: HECTOR ROSA

MGR

03/12/2009

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