

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000035451

Entity Name: PHOXXIE LLC

**FILED**  
**Apr 30, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

2916 W. AVERILL AVENUE  
TAMPA, FL 33611

**New Principal Place of Business:**

1914 DARLIN CIRCLE  
ORLANDO, FL 32820

**Current Mailing Address:**

2916 W. AVERILL AVENUE  
TAMPA, FL 33611

**New Mailing Address:**

1914 DARLIN CIRCLE  
ORLANDO, FL 32820

FEI Number: 26-2350300

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FARCHIONE, CARA L  
2916 WEST AVERILL AVE  
TAMPA, FL 33611 US

**Name and Address of New Registered Agent:**

FARCHIONE, CARA L  
7001 PELICAN ISLAND DR.  
TAMPA, FL 33634 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: CARA FARCHIONE

04/30/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: THOMPSON, KELLY R  
Address: 1914 DARLIN CIRCLE  
City-St-Zip: ORLANDO, FL 32820

Title: MGRM  
Name: JACOBS, JESSE D  
Address: P.O. BOX 83  
City-St-Zip: TERRA CEIA, FL 34250

Title: MGRM  
Name: FARCHIONE, CARA L  
Address: 7001 PELICAN ISLAND DR  
City-St-Zip: TAMPA, FL 33634

I hereby 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: CARA FARCHIONE

MGRM

04/30/2010

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