

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000042298

FILED  
Jun 23, 2009  
Secretary of State

Entity Name: BAPIXELS LLC

**Current Principal Place of Business:**

5951 CHAPS DRIVE  
LAKELAND, FL 33812 US

**New Principal Place of Business:**

**Current Mailing Address:**

5951 CHAPS DRIVE  
LAKELAND, FL 33812 US

**New Mailing Address:**

FEI Number: 26-2835313      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

SUNSHINE STRATEGIES LLC  
5406 HOOVER BLVD,  
SUITE 18  
TAMPA, FL 33634 US

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

SUNSHINE STRATEGIES LLC  
4402 N. MELTON AVENUE  
SUITE 101  
TAMPA, FL 33614 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: ARMANDO REMO

06/23/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: OCAMPOS, RICCI  
Address: 5951 CHAPS DRIVE  
City-St-Zip: LAKELAND, FL 33812 US

Title: MGR ( ) Delete  
Name: UY, ERNESTO  
Address: 5383 PLANTATION VISTA WAY  
City-St-Zip: LAKELAND, FL 33813 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
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: RICCI OCAMPOS

MGRM

06/23/2009

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