

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000046417

Entity Name: 1X, LLC

FILED
Apr 12, 2009
Secretary of State

Current Principal Place of Business:

2668 BENT HICKORY CIR
LONGWOOD, FL 32779

New Principal Place of Business:

103 BRANDYWINE LN
LONGWOOD, FL 32779

Current Mailing Address:

P.O. BOX 915335
LONGWOOD, FL 32791

New Mailing Address:

103 BRANDYWINE LN
LONGWOOD, FL 32779

FEI Number: 80-0189961

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ROUNTREE, GREGORY R
2668 BENT HICKORY CIR
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

ROUNTREE, GREGORY R
103 BRANDYWINE LN
LONGWOOD, FL 32779 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: GREGORY R. ROUNTREE

04/12/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ROUNTREE, GREGORY R
Address: 2668 BENT HICKORY CIR.
City-St-Zip: LONGWOOD, FL 32779

Title: MGR () Delete
Name: ROUNTREE, MELISSA DAWN
Address: 2668 BENT HICKORY CIR
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ROUNTREE, GREGORY R
Address: 103 BRANDYWINE LN
City-St-Zip: LONGWOOD, FL 32779

Title: MGR (X) Change () Addition
Name: ROUNTREE, MELISSA D
Address: 103 BRANDYWINE LN
City-St-Zip: LONGWOOD, FL 32779

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: GREGORY R. ROUNTREE

MGRM

04/12/2009

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