

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000061599

**FILED**  
**Apr 07, 2010**  
**Secretary of State**

**Entity Name:** EMBEDDED XLENCE, LLC

**Current Principal Place of Business:**

108 AUBURN ROAD  
FORT WALTON BEACH, FL 32547

**New Principal Place of Business:**

**Current Mailing Address:**

108 AUBURN ROAD  
FORT WALTON BEACH, FL 32547

**New Mailing Address:**

**FEI Number:** 26-2943688

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KILLINGSWORTH, JOHN DARRYL  
108 AUBURN ROAD  
FORT WALTON BEACH, FL 32547 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** KILLINGSWORTH, STEPHEN  
**Address:** 2499 CRESCENT ROAD  
**City-St-Zip:** NAVARRE, FL 32566

**Title:** MGRM  
**Name:** KILLINGSWORTH, JOHN DARRYL  
**Address:** 631 MANCHESTER ROAD  
**City-St-Zip:** FORT WALTON BEACH, FL 32547

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:** JOHN DARRYL KILLINGSWORTH

MGRM

04/07/2010

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