

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000071668

Entity Name: AVAXEN LLC

FILED  
Jan 17, 2009  
Secretary of State

**Current Principal Place of Business:**

285 UPTOWN BLVD  
APT 525  
ALTAMONTE SPRINGS, FL 32701

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 150501  
ALTAMONTE SPRINGS, FL 32715

**New Mailing Address:**

FEI Number: 26-3052447

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MENDEZ, MICHAEL R  
285 UPTOWN BLVD  
APT 525  
ALTAMONTE SPRINGS, FL 32701 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: MGR ( ) Delete  
Name: WRAY, SUMMER L  
Address: P.O. BOX 150501  
City-St-Zip: ALTAMONTE SPRINGS, FL 32715

Title: MGR ( ) Delete  
Name: MENDEZ, MICHAEL  
Address: 285 UPTOWN BLVD., APT 525  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: MENDEZ, MICHAEL R  
Address: 285 UPTOWN BLVD, APT 525  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: MGR (X) Change ( ) Addition  
Name: MENDEZ, SUMMER L  
Address: P.O. BOX 150501  
City-St-Zip: ALTAMONTE SPRINGS, FL 32715

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: MICHAEL MENDEZ

MGR

01/17/2009

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