## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L08000082837

Entity Name: ARTNIX, LLC

City-St-Zip: TAMPA, FL 33605 US

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	•		•		
	RAWFORD ST		1513 E. CRAWFORD		
TAMPA, F	L 33604 US		TAMPA, FL 33605	US	
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
1223 E. CF	RAWFORD ST		1513 E. CRAWFORD	OST.	
TAMPA, F			TAMPA, FL 33605	US	
FEI Number:	: 26-3890994	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
	TT, JOHN C RAWFORD ST. L 33604 US				
	named entity s of Florida.	ubmits this statement for the p	ourpose of changing its register	ed office or registered agent, or both	
SIGNATU	RE:				
	Electroni	c Signature of Registered Age	ent	Date	
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:	ADDITIONS/CHANGES:	
Title:	MGR ()	Delete	Title:	( ) Change ( ) Addition	
Name:	BURCHETT, JOH		Name:	( )	
Address:	1223 E. CRAWF	ORD ST	Address:		
City-St-Zip:	TAMPA, FL 336	04 US	City-St-Zip:		
Title:		Delete	Title:	( ) Change ( ) Addition	
Name:	SVAJDLENKA, J		Name:		
Address:		. DOWNS BLVD, APT 2512	Address:		
City-St-Zip:	TAMPA, FL 336	13 US	City-St-Zip:		
Title:	, ,	Delete	Title:	( ) Change ( ) Addition	
Name:	SVAJDLENKA, T		Name:		
Address:		. DOWNS BLVD, APT 2512	Address:		
City-St-Zip:	TAMPA, FL 336	13 US	City-St-Zip:		
Title:		Delete	Title:	( ) Change ( ) Addition	
Name:	SAUNDERS, RO		Name:		
Address:	1910 E PALM A\		Address:		
City-St-Zip:	TAMPA, FL 336	05 US	City-St-Zip:		
Title:	` '	Delete	Title:	() Change () Addition	
Name:	SAUNDERS, ANI		Name:		
Addrage:	1010 E DALM AV	r⊑ 813 E 40200	Addross:		

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.

City-St-Zip:

SIGNATURE: JOHN C. BURCHETT MGR 04/30/2009