

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000034418

Entity Name: 4X SYSTEMS, LLC

**FILED**  
**Mar 21, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

8200 113TH STREET NORTH  
SUITE 101  
SEMINOLE, FL 33772 US

**New Principal Place of Business:**

12866 89TH AVE N  
SEMINOLE, FL 33776 US

**Current Mailing Address:**

8200 113TH STREET NORTH  
SUITE 101  
SEMINOLE, FL 33772 US

**New Mailing Address:**

12866 89TH AVE N  
SEMINOLE, FL 33776 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

MCGATHEY, CYNTHIA P  
10103 TARPON DRIVE  
TREASURE ISLAND, FL 33706 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: MCGATHEY, CYNTHIA P  
Address: 10103 TARPON DRIVE  
City-St-Zip: TREASURE ISLAND, FL 33706 US

Title: MGRM  
Name: FUNG, PATRICIA H  
Address: 1415 ROLLING RIDGE ROAD  
City-St-Zip: PALM HARBOR, FL 34684 US

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: CYNTHIA MCGATHEY MGRM 03/21/2010

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