

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000075140

Entity Name: MOSAIX LLC

**FILED**  
**Feb 25, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

2409 19TH ST. N  
ST. PETERSBURG, FL 33713

**New Principal Place of Business:**

**Current Mailing Address:**

2409 19TH ST. N  
ST. PETERSBURG, FL 33713

**New Mailing Address:**

FEI Number: 27-0683931

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ALUISY, GABRIEL W  
3543 ANGUILLA LOOP  
#303  
TAMPA, FL 33614 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: ALUISY, GABRIEL W  
Address: 3543 ANGUILLA LOOP #303  
City-St-Zip: TAMPA, FL 33614

Title: MGRM  
Name: COLLIER, MICHAEL R  
Address: 2409 19TH ST. N  
City-St-Zip: ST. PETERSBURG, FL 33713

Title: MGRM  
Name: COLLIER, MATTHEW L  
Address: 2409 19TH ST. N  
City-St-Zip: ST. PETERSBURG, FL 33713

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: GABRIEL ALUISY

MGRM

02/25/2010

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