

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000000889

Entity Name: CALIX LLC

**FILED**  
**Apr 14, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

6865 NW179 ST  
203  
MIAMI, FL 33245 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 452834  
MIAMI, FL 33245

**New Mailing Address:**

FEI Number: 27-1599747

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORTEZ, MARIA E  
6865 NW 179 ST  
203  
MIAMI, FL 33245 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: PRES  
Name: CORTEZ, MARIA E  
Address: PO BOX 452934  
City-St-Zip: MIAMI, FL 33245 US

Title: VP  
Name: RENE, MARQUEZ  
Address: PO BOX 432034  
City-St-Zip: MIAMI, FL 33243

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: MARIA CORTEZ

MGR

04/14/2011

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