

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000099994

Entity Name: X AND O LABS, LLC

**FILED**  
**Feb 13, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

10380 SW VILLAGE CENTER DR  
# 342  
PORT ST LUCIE, FL 34987

**New Principal Place of Business:**

**Current Mailing Address:**

10380 SW VILLAGE CENTER DR  
# 342  
PORT ST LUCIE, FL 34987

**New Mailing Address:**

FEI Number: 27-3581655

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DAVIS, TRAVIS  
10380 SW VILLAGE CENTER DR  
# 342  
PORT ST LUCIE, FL 34987 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: DAVIS, TRAVIS  
Address: 10380 SW VILLAGE CENTER DR - # 342  
City-St-Zip: PORT ST LUCIE, FL 34987

Title: MGRM  
Name: KUCHAR, MIKE  
Address: 311 PRESTWICK WAY  
City-St-Zip: EDISON, NJ 08820

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: TRAVIS DAVIS

MGRM

02/13/2012

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