

2nd and
FINAL NOTICE: File on or before Sept. 29, 1999 or Limited Liability Company will be dissolved.

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 03 1999 8:00 am
Secretary of State

FILING FEE
\$ 588.75
Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

TALLAHASSEE, FLORIDA

1. Name and Mailing Address of Limited Liability Company
DOCUMENT # L94000000187

VOLX PROPERTIES, L.C.
320 SE CHURCH ST
STUART FL 34994

1a. Principal Place of Business Address

320 SE CHURCH ST
STUART FL 34994

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Organized or Qualified

3a. State of Formation

04/28/1994

FL

4. FEI Number

☐ Applied For

☐ Not Applicable

65-0578212

5. Date of Last Report

6. Certificate of Status Desired

02/26/1998

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent/Office

RIFKIN, AVRON C
2400 S FEDERAL HWY SUITE 320
STUART FL 34994

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

Zip Code

FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

DATE

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	MCADAMS, MICHAEL	320 SE CHURCH ST	STUART FL

200002952932--8
-08/06/99--01076--013
****\$88.75 ****\$88.75

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #