

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # M02000003391**

1. Entity Name  
**INFLEXION CAPITAL, LLC**



Principal Place of Business

**12565 RESEARCH PKWY  
STE 300  
ORLANDO, FL 32826**

Mailing Address

**12565 RESEARCH PKWY  
STE 300  
ORLANDO, FL 32826**



04212006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**02-0599675**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

1100000542458  
05/10/06-80095-024 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGR  
BOYLE, JAMES  
12565 RESEARCH PKWY STE 300  
ORLANDO, FL 32826**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGR  
RUA, DANIEL  
12565 RESEARCH PKWY STE 300  
ORLANDO, FL 32826**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGR  
RESNICK, CHARLES  
12565 RESEARCH PKWY STE 300  
ORLANDO, FL 32826**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*April 24, 2006*