

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # M03000002804 1. Entity Name INFLEXION CAPITAL MANAGEMENT, LLC	
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Principal Place of Business 12565 RESEARCH PARKWAY STE. 300 ORLANDO, FL 32826	Mailing Address 12565 RESEARCH PARKWAY STE. 300 ORLANDO, FL 32826
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DO NOT WRITE IN THIS SPACE

02112008No Chg-LLC CR2E083 (12/07)

4. FEI Number 30-0015008	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BOYLE, JIM
12565 RESEARCH PARKWAY STE. 300
ORLANDO, FL 32826

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000839705
03/06/08-80019-002 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOYLE ENTERPRISES, INC. 12565 RESEARCH PARKWAY STE. 300 ORLANDO, FL 32826
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RESNICK, CHARLES 4407 CHARLESTON COURT TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RUA, DAN 2153 HAWTHORNE ROAD, STE. 101 GAINESVILLE, FL 32641
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: James Boyle 20/2/08 407-381-2675

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #