

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000003288

FILED
Jan 06, 2009
Secretary of State

Entity Name: VOLTAIX, LLC

Current Principal Place of Business:

197 MEISTER AVENUE
NORTH BRANCH, NJ 08876

New Principal Place of Business:

Current Mailing Address:

197 MEISTER AVENUE
NORTH BRANCH, NJ 08876

New Mailing Address:

FEI Number: 20-4904496

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CARVER, PAUL
620 NW 4TH AVENUE
HIGH SPRINGS, FL 32643 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 () Delete
Name: DE NEUFVILLE, PETER
Address: 197 MEISTER AVENUE
City-St-Zip: NORTH BRANCH, NJ 08876

Title: MGRM () Delete
Name: DE NEUFVILLE, JOHN
Address: 197 MEISTER AVENUE
City-St-Zip: NORTH BRANCH, NJ 08876

Title: MGRM () Delete
Name: PIKULIN, MICHAEL
Address: 197 MEISTER AVENUE
City-St-Zip: NORTH BRANCH, NJ 08876

Title: MGRM () Delete
Name: STEPHENS, MATTHEW
Address: 197 MEISTER AVENUE
City-St-Zip: NORTH BRANCH, NJ 08876

Title: MGRM () Delete
Name: HANSEN, ANN MARIE
Address: 197 MEISTER AVENUE
City-St-Zip: NORTH BRANCH, NJ 08876

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: ANN MARIE HANSEN

MGRM

01/06/2009

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