

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000005826

FILED
Feb 04, 2008
Secretary of State

Entity Name: LINGUAFLEX LLC

Current Principal Place of Business:

12555 ORANGE DRIVE, SUITE 102
DAVIE, FL 33330

New Principal Place of Business:

Current Mailing Address:

12555 ORANGE DRIVE, SUITE 102
DAVIE, FL 33330

New Mailing Address:

FEI Number: 20-8726526

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DWYER, CLIFFORD
12555 ORANGE DRIVE, SUITE 102
DAVIE, FL 33330 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: MGR () Delete
Name: SANDERS, IRA M.D.
Address: 607 72ND STREET
City-St-Zip: NORTH BERGEN, NJ 07047

Title: MGR () Delete
Name: DOYLE, WILLIAM F
Address: 152 WEST 57TH STREET, 10TH FLOOR
City-St-Zip: NEW YORK, NY 10019

Title: MGR () Delete
Name: LANGLOSS, TIMOTHY
Address: 152 WEST 57TH STREET, 10TH FLOOR
City-St-Zip: NEW YORK, NY 10019

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:

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: WILLIAM DOYLE

MGR

02/04/2008

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