| FEI Number: 45-5603943   |  |                 | Certificate of Status Desired: No |            |
|--|--|-----------------|-----------------------------------|------------|
| Name and Address of Current Registered Agent:  |  |                 |                                   |            |
| MARCUM, C. ROBERT<br>2390 VANDERBILT BEACH ROAD<br>NAPLES, FL 34109 US   |  |                 |                                   |            |
| 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  | : C. ROBERT MARCUM                       |                 |                                   | 02/02/2018 |
|  | Electronic Signature of Registered Agent |                 |                                   | Date       |
| Authorized Person(s) Detail :  |  |                 |                                   |            |
| Title  | MGRM                                     | Title           | MGRM                              |            |
| Name   | MARCUM, C. ROBERT                        | Name            | HEXXON, INC.                      |            |
| Address  | 2390 VANDERBILT BEACH ROAD               | Address         | 2390 VANDERBILT BEACH ROA         | D          |
| City-State-Zip:  | NAPLES FL 34109                          | City-State-Zip: | NAPLES FL 34109                   |            |

# 2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000086025

Entity Name: VEXXON, LLC

## Current Principal Place of Business:

2390 VANDERBILT BEACH ROAD NAPLES, FL 34109

### **Current Mailing Address:**

2390 VANDERBILT BEACH ROAD NAPLES, FL 34109 US

### I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: C. ROBERT MARCUM

02/02/2018 Date

Electronic Signature of Signing Authorized Person(s) Detail

FILED Feb 02, 2018 Secretary of State CC8668147355