

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000152240

Entity Name: MAD PRODUCT INNOVATIONS LLC

Current Principal Place of Business:

1412 1ST STREET NORTH
#201
JACKSONVILLE, FL 32250

Current Mailing Address:

1412 1ST STREET NORTH
#201
JACKSONVILLE, FL 32250

FEI Number: 46-1527648

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DAVIS, AMANDA S
1732 HAMLET LANE
NEPTUNE BEACH, FL 32266 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: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title MGRM
Name CADIZ, MICHAELENE
Address 1412 1ST STREET NORTH # 201
City-State-Zip: JACKSONVILLE FL 32250

Title MGRM
Name DAVIS, AMANDA S
Address 1732 HAMLET LANE
City-State-Zip: NEPTUNE BEACH FL 32266

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHAELENE CADIZ

MANAGING MEMBER

04/16/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date