

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000117348

**Entity Name:** MIND ASSOCIATES, LLC

**Current Principal Place of Business:**

2701 W BUSCH BLVD  
SUITE 157  
TAMPA, FL 33618

**FILED**  
**Jan 12, 2017**  
**Secretary of State**  
**CC9309437906**

**Current Mailing Address:**

2701 W BUSCH BLVD  
SUITE 157  
TAMPA, FL 33618 US

**FEI Number:** 81-3952825

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ANTHONY, ROBERT W  
1325 W. COLONIAL DRIVE  
ORLANDO, FL 32804 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            AMBR  
Name            MARY, KEIGHTLEY  
Address        2701 W BUSCH BLVD, SUITE 157  
City-State-Zip: TAMPA FL 33618

Title            AMBR  
Name            SANSON, TRACY  
Address        2701 W BUSCH BLVD  
                  SUITE 157  
City-State-Zip: TAMPA FL 33618

*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:** MARY KEIGHTLEY

AMBR

01/12/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date