

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000004861

**Entity Name:** MIND REIMAGINED LLC

**Current Principal Place of Business:**

10428 AUTUMN PLACE DRIVE  
301  
TAMPA, FL 33637

**Current Mailing Address:**

PO BOX 290606  
TEMPLE TERRACE, FL 33617 US

**FEI Number:** 85-1020455

**Certificate of Status Desired:** No

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

WILSON, CASMIN S  
10428 AUTUMN PLACE DRIVE  
301  
TAMPA, FL 33637 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 MGR  
Name WILSON, CASMIN S  
Address 10428 AUTUMN PLACE DRIVE  
City-State-Zip: TAMPA FL 33637

*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:** CASMIN WILSON

MANAGER

03/31/2021

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date