

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 25, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000021836**

1. Entity Name  
MIST INVESTMENTS, LLC



Principal Place of Business  
46 N. WASHINGTON BLVD, 21A  
SARASOTA, FL 34236

Mailing Address  
46 N. WASHINGTON BLVD, 21A  
SARASOTA, FL 34236



**DO NOT WRITE IN THIS SPACE**

02152005No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
01-0707444

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

DELPECH, MELINDA  
46 N. WASHINGTON BLVD 21A  
SARASOTA, FL 34236

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

## 9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
DELPECH, MELINDA  
46 N. WASHINGTON BLVD, 21A  
SARASOTA, FL 34237

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
SVIRSKY, MICHAEL  
46 N. WASHINGTON BLVD, 21A  
SARASOTA, FL 34236

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
SVIRSKY, STEVE  
46 N. WASHINGTON BLVD, 21A  
SARASOTA, FL 34236

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

U00000243869

02/25/05-80057-008 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 606, Florida Statutes.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #