2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2007
Secretary of State

DOCUMENT# L03000010165

Entity Name: MINDFREE, LLC

Current Principal Place of Business:

863 COUNTY RD. 106
FLORENCE, AL 35633

New Principal Place of Business:

Current Mailing Address:

863 COUNTY RD. 106
FLORENCE, AL 35633

New Mailing Address:

FEI Number: 14-1878935 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WRIGHT, LOUISE R
1788 KESWICK ROAD
ST. AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: WILSON, MICHAEL A SR.
Address: 203 LAUREL OAK DRIVE
City-St-Zip: MUSCLE SHOALS, AL 35661

Title: MGRM ( ) Delete
Name: WILSON, TRUDY ANN
Address: 203 LAUREL OAK DRIVE
City-St-Zip: MUSCLE SHOALS, AL 35661

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: WILSON, MICHAEL A SR.
Address: 863 COUNTY ROAD 106
City-St-Zip: FLORENCE, AL 35633

Title: MGRM (X) Change ( ) Addition
Name: WILSON, TRUDY ANN
Address: 863 COUNTY ROAD 106
City-St-Zip: FLORENCE, AL 35633

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: TRUDY ANN WILSON MGRM 04/04/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date