2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 10, 2004 8:00 am
Secretary of State

04-16-2004 90408 034 ****50.00

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1. Entity Name

RENEWING YOUR MIND LLC

Principal Place of Business	Mailing Address
5012 SPRING RUN AVE. ORLANDO FL 32819 US	5012 SPRING RUN AVE. ORLANDO FL 32819 US

MOORE CR2E083 (11/03)

2. Principal Place of Business		3. Mailing Address	
1950 Lee Road		5012 Spring Run Ave	
Suite, Apt. #, etc.: # 214		Suite, Apt. #, etc.	
City & State: Winter Park, Fl.		City & State: Orlando, Fl.	
Zip: 32789	Country: USA	Zip: 32819	Country: USA

4. FEI Number: 06-1724939 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ECK, SHIRLEY K 5012 SPRING RUN AVE. ORLANDO FL 32819	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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: Shirley Kay Eck — 5-13-04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OWNER/PRESIDENT SHIRLEY KAY ECK 5012 SPRING RUN Ave. ORLANDO, FL 32819	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 608, Florida Statutes.

SIGNATURE: Shirley Kay Eck — 5-13-04 — 407 489-3941

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #