

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L03000017634

FILED
Apr 30, 2009
Secretary of State**Entity Name:** M.L.N.D., LLC**Current Principal Place of Business:**5071 MADISON LAKES CIRCLE W.
DAVIE, FL 33328**New Principal Place of Business:****Current Mailing Address:**5071 MADISON LAKES CIRCLE W.
DAVIE, FL 33328**New Mailing Address:****FEI Number:** 30-0113028**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**COLEMAN, KELLY G
5071 MADISON LAKES CIRCLE W.
DAVIE, FL 33328 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:** MGR () Delete
Name: COLEMAN, KELLY G
Address: 5071 MADISON LAKES CIRCLE W.
City-St-Zip: DAVIE, FL 33328**Title:** VP (X) Delete
Name: QUINN, JOHN D
Address: 1100 ST. CHARLES PLACE, #509
City-St-Zip: PEMBROKE PINES, FL 33026**ADDITIONS/CHANGES:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: KELLY G. COLEMAN

MGR

04/30/2009

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