

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000022674 1. Entity Name AT BRAINCHILD, LLC	
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Principal Place of Business
3510 N. FLAGLER DR.
WEST PALM BEACH, FL 33407

Mailing Address
3510 N. FLAGLER DR.
WEST PALM BEACH, FL 33407



04242006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 26-0089387	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

TARONE, THEODORE T JR, ESQ
STAMBAUGH & TARONE, P.A.
180 ROYAL PALM WAY, STE. 201
PALM BEACH, FL 33480

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

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TARONE, THEODORE T 3510 N. FLAGLER DR WEST PALM BEACH, FL 33407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TARONE, ALICE 3510 N. FLAGLER DR WEST PALM BEACH, FL 33407
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05/06/06-80126-012 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Theodore Tarone, Sr. 4/24/06 842-5244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE
Date Daytime Phone #