

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000022620

FILED
Apr 22, 2009
Secretary of State

Entity Name: TEN TALENTS FOUNDATION, LLC

Current Principal Place of Business:

880 N.W. 1ST AVENUE
BOCA RATON, FL 33432

New Principal Place of Business:

880 N.W. 1ST AVE.
BOCA RATON, FL 33432

Current Mailing Address:

880 N.W. 1ST AVENUE
BOCA RATON, FL 33432

New Mailing Address:

880 N.W. 1ST AVE.
BOCA RATON, FL 33432

FEI Number: 20-1489115

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NILES, CHRISTOPHER D ESQ
2400 EAST COMMERCIAL BLVD.
SUITE 208
FORT LAUDERDALE, FL 33308 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: BACZEWSKI, CHRISTOPHER
Address: 880 N.W. 1ST AVENUE
City-St-Zip: BOCA RATON, FL 33432

Title: MGR () Delete
Name: BACZEWSKI, DAWN
Address: 880 N.W. 1ST AVENUE
City-St-Zip: BOCA RATON, FL 33432

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BACZEWSKI, CHRISTOPHER
Address: 880 N.W. 1ST AVE.
City-St-Zip: BOCA RATON, FL 33432

Title: MGR (X) Change () Addition
Name: BACZEWSKI, DAWN
Address: 880 N.W. 1ST AVE.
City-St-Zip: BOCA RATON, FL 33432

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: CHRIS BACZEWSKI

MGR

04/22/2009

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