


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 09, 2008 08:00 A
Secretary of State

| | |
|--|---|
| DOCUMENT # L04000048857 1. Entity Name BRAINTANGO, LLC |  |
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| Principal Place of Business 9566 TREASURE LANE NE ST PETERSBURG, FL 33702 US | Mailing Address 9566 TREASURE LANE NE ST PETERSBURG, FL 33702 US |
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DO NOT WRITE IN THIS SPACE



03262008No Chg-LLC

CR2E083 (12/07)

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|------------------------------------|--|
| 4. FEI Number 20-1301322 | Applied For <input type="checkbox"/> Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent HOMAN, VALERIE 9566 TREASURE LANE NE ST PETERSBURG, FL 33702 |
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**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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing) DATE

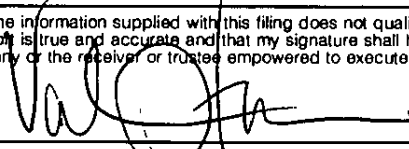
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$838.75

000000888717
04/22/08-80025-017 138.75

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR HOMAN, VALERIE 1 BEACH DRIVE SE SAINT PETERSBURG, FL 33701 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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**DO NOT WRITE
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:  **4-6-08**

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