

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 05, 2006 8:00 am**  
**Secretary of State**

04-05-2006 90017 015 \*\*\*\*50.00

**DOCUMENT # L04000054008**

1. Entity Name  
**MINDSET, LLC**



Principal Place of Business  
**10000 SW 52ND AVENUE, APT. 157  
GAINESVILLE, FL 32608**

Mailing Address  
**10000 SW 52ND AVENUE, APT. 157  
GAINESVILLE, FL 32608**

2. Principal Place of Business  
**8911 SW 63rd. Place**  
Suite, Apt. #, etc.

3. Mailing Address  
**8911 SW 63rd. Place**  
Suite, Apt. #, etc.

City & State  
**Gainesville, FL**  
Zip Country  
**32608 USA**

City & State  
**Gainesville, FL**  
Zip Country  
**32608 USA**

04022006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
**20-1996971**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**LEMESH, MICHAEL S  
10000 SW 52ND AVENUE, APT. 157  
GAINESVILLE, FL 32608**

7. Name and Address of New Registered Agent

Name **LEMESH, MICHAEL S.**

Street Address (P.O. Box Number is Not Acceptable)

**8911 SW 63rd. Place**

City **Gainesville, FL** Zip Code **32608**

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

*Michael S Lemesh*

**4/3/06**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME **MGR LEMESH, MICHAEL S** ☒ Delete  
STREET ADDRESS **10000 SW 52ND AVENUE, APT. 157**  
CITY-ST-ZIP **GAINESVILLE, FL 32608**

10. ADDITIONS/CHANGES

TITLE NAME **MGR. LEMESH, MICHAEL S.** ☒ Change ☐ Addition  
STREET ADDRESS **8911 SW 63rd. PLACE**  
CITY-ST-ZIP **GAINESVILLE, FL 32608**

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
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TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Michael S Lemesh*

**4/3/06**

**352-384-3919**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #