

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000004664

Entity Name: MAD, LLC

FILED  
Mar 29, 2009  
Secretary of State

**Current Principal Place of Business:**

2568 SW NATIONAL CIRCLE  
PORT SAINT LUCIE, FL 34953 US

**New Principal Place of Business:**

1161 SW GASTADOR AVENUE  
PORT SAINT LUCIE, FL 34953 US

**Current Mailing Address:**

2568 SW NATIONAL CIRCLE  
PORT SAINT LUCIE, FL 34953 US

**New Mailing Address:**

1161 SW GASTADOR AVENUE  
PORT SAINT LUCIE, FL 34953 US

FEI Number: 54-2191103

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GALLEGO, MAURICIO  
2568 SW NATIONAL CIRCLE  
PORT SAINT LUCIE, FL 34953 US

**Name and Address of New Registered Agent:**

GALLEGO, MAURICIO  
1161 SW GASTADOR AVENUE  
PORT SAINT LUCIE, FL 34953 US

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: MAURICIO GALLEGO

03/29/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GALLEGO, MAURICIO  
Address: 2568 SW NATIONAL CIRCLE  
City-St-Zip: PORT SAINT LUCIE, FL 34953 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: GALLEGO, MAURICIO  
Address: 1161 SW GASTADOR AVENUE  
City-St-Zip: PORT SAINT LUCIE, FL 34953 US

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: MAURICIO GALLEGO

MGR

03/29/2009

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