

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000027996

Entity Name: MIND 4 DESIGN LLC

FILED  
May 08, 2008  
Secretary of State

**Current Principal Place of Business:**

6668 CANARY PALM CIRCLE  
BOCA RATON, FL 33433

**New Principal Place of Business:**

**Current Mailing Address:**

6668 CANARY PALM CIRCLE  
BOCA RATON, FL 33433

**New Mailing Address:**

11039 NW 81ST MANOR  
PARKLAND, FL 33076

FEI Number: 26-0109825      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

STULL, CORT  
6668 CANARY PALM CIRCLE  
BOCA RATON, FL 33433      US

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

STULL, CORT  
11039 NW 81ST MANOR  
PARKLAND, FL 33076      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: CORT STULL

05/08/2008

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: STULL, CORT  
Address: 6668 CANARY PALM CIRCLE  
City-St-Zip: BOCA RATON, FL 33433

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change ( ) Addition  
Name: STULL, CORT  
Address: 11039 NW 81ST MANOR  
City-St-Zip: PARKLAND, FL 33076

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: CORT STULL

MR

05/08/2008

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