



**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 25, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000029177		
1. Entity Name MIND INVESTMENTS OF FLORIDA, LLC.		
Principal Place of Business 506 106TH AVE N. NAPLES, FL 34108 US		Mailing Address 506 106TH AVE N. NAPLES, FL 34108 US
DO NOT WRITE IN THIS SPACE		
		01142008No Chg-LLC CR2E083 (12/07)
4. FEI Number 20-2619602		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent		
LAGRASTA, DOMENICO 506 106TH AVE N. NAPLES, FL 34108		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 _____ <small>Signature, typed or printed name of registered agent and true if applicable. (NOTE: Registered Agent signature required when resigning)</small> DATE _____		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		
U000000797059 01/29/08-80057-024 138.75		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LAGRASTA, DOMENICO 506 106TH AVE N. NAPLES, FL 34108	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LAGRASTA, NICOLA 535 ROMA CT. NAPLES, FL 34110	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LAGRASTA, IDA 535 ROMA CT NAPLES, FL 34110	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LAGRASTA, MARIA 506 106TH AVE NORTH NAPLES, FL 34108	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME 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 		DOMENICO LAGRASTA 1-14-2008 739-597-5850
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>