

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000034440

Entity Name: MINNIDA, LLC

**FILED**  
**Apr 30, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

1149 PERIWINKLE WAY  
SANIBEL ISLAND, FL 33957

**New Principal Place of Business:**

959 PERIWINKLE WAY  
SANIBEL ISLAND, FL 33957

**Current Mailing Address:**

1149 PERIWINKLE WAY  
SANIBEL ISLAND, FL 33957

**New Mailing Address:**

959 PERIWINKLE WAY  
SANIBEL ISLAND, FL 33957

FEI Number: 20-3144532

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BURNS, JOSEPH  
15811 SAN ANTONIO CT  
FORT MYERS, FL 33908 US

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

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:

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BURNS, JOSEPH  
Address: 15811 SAN ANTONIO CT  
City-St-Zip: FORT MYERS, FL 33908

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JOSEPH M BURNS

MGR

04/30/2009

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