

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000060562

Entity Name: MOJONIC LLC

FILED  
Apr 14, 2008  
Secretary of State

## Current Principal Place of Business:

5505 W. GRAY ST.  
TAMPA, FL 33609

## New Principal Place of Business:

650 POYDRAS STREET  
1150  
NEW ORLEANS, LA 70130 US

## Current Mailing Address:

5505 W. GRAY ST.  
TAMPA, FL 33609

## New Mailing Address:

650 POYDRAS STREET  
1150  
NEW ORLEANS, LA 70130 US

FEI Number: 20-3011740

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LIESKE, NOAH S  
568 NINTH STREET SOUTH  
SUITE 202  
NAPLES, FL 34102 US

## Name and Address of New Registered Agent:

YOUAKIM, SAM  
5505 WEST GRAY STREET  
TAMPA, FL 33609 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: SAM YOUAKIM

04/14/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: SOLARES, SIGMUND J  
Address: 568 NINTH STREET SOUTH SUITE 202  
City-St-Zip: NAPLES, FL 34102

Title: MGR ( ) Delete  
Name: LIESKE, NOAH S  
Address: 568 NINTH STREET SOUTH SUITE 202  
City-St-Zip: NEW ORLEANS, LA 70130

Title: MGR (X) Delete  
Name: SMITH, MATTHEW H  
Address: 568 NINTH STREET SOUTH SUITE 202  
City-St-Zip: NAPLES, FL 34102

Title: MGR (X) Delete  
Name: GARDNER, MICHAEL H  
Address: 3959 VAN DYKE ROAD SUITE 246  
City-St-Zip: LUTZ, FL 33549

Title: MGR (X) Delete  
Name: MOORE, WILLIAM D  
Address: 509 BROADWELL DRIVE  
City-St-Zip: NASHVILLE, TN 37220

## ADDITIONS/CHANGES:

Title: MGRP (X) Change ( ) Addition  
Name: SOLARES, SIGMUND J  
Address: 5505 WEST GRAY STREET  
City-St-Zip: TAMPA, FL 33609 US

Title: M (X) Change ( ) Addition  
Name: DIRECTNIC, LLC,  
Address: 650 POYDRAS STREET - SUITE 1150  
City-St-Zip: NEW ORLEANS, LA 70130 US

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

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

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: SIGMUND J SOLARES

MGRP

04/14/2008

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