

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 14, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000120801**

1. Entity Name  
**MINDFUL EMPLOYEE LLC**



Principal Place of Business  
**8135 LAKE WORTH ROAD  
SUITE B  
LAKE WORTH, FL 33467**

Mailing Address  
**8135 LAKE WORTH ROAD  
SUITE B  
LAKE WORTH, FL 33467**



01042008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-4133630**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**COLMAN, NANCY B ESQ.  
BARITZ & COLMAN LLP  
1075 BROKEN SOUND PKWY NE STE 102  
BOCA RATON, FL 33487**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	PECHTER, JEFFREY
STREET ADDRESS	8135 LAKE WORTH ROAD, STE. B
CITY- ST- ZIP	LAKE WORTH, FL 33467
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U00000827776  
02/22/08-80004-001 143.75

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone

2/12/08

561-357-0121