## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L06000017831

Entity Name: LIQUID MINDS II, LLC

Name:

Address:

City-St-Zip:

MACKIN, CHARLENE

PLACIDA, FL 33946

P.O. BOX 3752

FILED Apr 14, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 4880 PLACIDA ROAD, SUITE G 7075 PLACIDA ROAD, SUITE A ENGLEWOOD, FL 34224 ENGLEWOOD, FL 34224 **Current Mailing Address: New Mailing Address:** 4880 PLACIDA ROAD, SUITE G 7075 PLACIDA ROAD, SUITE A ENGLEWOOD, FL 34224 ENGLEWOOD, FL 34224 FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BENEDICT, ROBERT C 1861 PLACÍDA ROAD, SUITE 204 ENGLEWOOD, FL 34224 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete AULENTI, RICHARD Name: Name: Address: P.O. BOX 3785 Address: City-St-Zip: PLACIDA, FL 33946 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: JOHNSON, SALLY Name: Address: P.O. BOX 3785 Address: City-St-Zip: PLACIDA, FL 33946 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition MACKIN, KEVIN Name: Name: Address: P.O. BOX 3752 Address: City-St-Zip: PLACIDA, FL 33946 City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: CHARLENE MACKIN MGRM 04/14/2009