


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 08, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000029490	
1. Entity Name METAMECHANICS LLC	

Principal Place of Business P.O. BOX 1361 SANTA ROSA BEACH, FL 32459	Mailing Address P.O. BOX 1361 SANTA ROSA BEACH, FL 32459
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DO NOT WRITE IN THIS SPACE



05022008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 76-0824171	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

MCGUIRE, MATTHEW
 299 BAY GROVE ROAD
 FREEPORT, FL 32439

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008 In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TEETER, CHRIS 81 HUNTER ROAD LINCOLN PARK, NJ 07035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCGUIRE, MATTHEW P.O. BOX 1361 SANTA ROSA BEACH, FL 32459
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PEREIRA, JAMES 225 E 85TH STREET, STUDIO 201 NEW YORK, NY 10028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 06/03/08-80046-020 138.75

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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:  5/10/2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #