

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000031443

FILED
Mar 02, 2009
Secretary of State

Entity Name: BRAINWORKS SYSTEMS LLC

Current Principal Place of Business:

5340 NW 55TH BLVD
APT #304
COCONUT CREEK, FL 33073 US

New Principal Place of Business:

5320 NW 55TH BLVD
APT #201
COCONUT CREEK, FL 33073 US

Current Mailing Address:

PO BOX 970859
COCONUT CREEK, FL 33097 US

New Mailing Address:

FEI Number: 20-4801934 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MECKLENBURG, SHANNON MGRM
5340 NW 55TH BLVD
APT #304
COCONUT CREEK, FL 33073 US

Name and Address of New Registered Agent:

MECKLENBURG, SHANNON MGRM
5320 NW 55TH BLVD
APT #201
COCONUT CREEK, FL 33073 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: _____

03/02/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MECKLENBURG, SHANNON
Address: PO BOX 970859
City-St-Zip: COCONUT CREEK, FL 33097 US

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: SHANNON MECKLENBURG

MGRM

03/02/2009

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