

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000031443

**FILED**  
**Apr 01, 2010**  
**Secretary of State**

**Entity Name:** BRAINWORKS SYSTEMS LLC

**Current 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 Principal Place of Business:**

3351 NW 85TH AVE  
UNIT #314  
CORAL SPRINGS, FL 33065 US

**New Mailing Address:**

3351 NW 85TH AVE  
UNIT #314  
CORAL SPRINGS, FL 33065 US

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

**Name and Address of New Registered Agent:**

MECKLENBURG, SHANNON MGRM  
3351 NW 85TH AVE  
UNIT #314  
CORAL SPRINGS, FL 33065 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:

04/01/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MECKLENBURG, SHANNON  
Address: 3351 NW 85TH AVE, UNIT #314  
City-St-Zip: CORAL SPRINGS, FL 33065 US

I hereby 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

04/01/2010

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