

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000056625

Entity Name: MINDFORMS, LLC

**FILED**  
**Mar 24, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

2935 MONTIFICHET LANE  
WINTER PARK, FL 32792

**New Principal Place of Business:**

**Current Mailing Address:**

2935 MONTIFICHET LANE  
WINTER PARK, FL 32792

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

THIBEAULT, BARBARA W L  
2935 MONTIFICHET LANE  
WINTER PARK, FL 32792 US

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

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:**

Title: MGRM  
Name: THIBEAULT, BARBARA W L  
Address: 2935 MONTIFICHET LANE  
City-St-Zip: WINTER PARK, FL 32792

Title: MGR  
Name: THIBEAULT, STANLEY J  
Address: 2935 MONTIFICHET LANE  
City-St-Zip: WINTER PARK, FL 32792

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: BARBARA THIBEAULT

MGRM

03/24/2010

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