

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

07-11-2007 90007 026 ****50.00
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

60004783



07062007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000080709					
1. Entity Name MENTAL ARTISTRY LLC					
Principal Place of Business PO BOX 691352 ORLANDO, FL 32869			Mailing Address PO BOX 691352 ORLANDO, FL 32869		
2. Principal Place of Business - No P.O. Box # 4530 CONCORD LANDING DRIVE			3. Mailing Address PO BOX 691352		
Suite, Apt. #, etc. APT 216			Suite, Apt. #, etc.		
City & State ORLANDO FLORIDA			City & State ORLANDO FL		
Zip 32839	Country USA	Zip 32869	Country USA	4. FEI Number 20-5475430	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent PRITCHARD, JONATHAN W. 601 AVENIDA CUARTA APT 206 CLERMONT, FL 34714			7. Name and Address of New Registered Agent Name JONATHAN W. PRITCHARD Street Address (P.O. Box Number is Not Acceptable) 4530 CONCORD LANDING DRIVE APT 216 City ORLANDO FL Zip Code 32839		
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 JONATHAN PRITCHARD DATE July 7, 2007 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JONATHAN PRITCHARD 4530 CONCORD LANDING DR. APT 216 ORLANDO FL 32839	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 **JONATHAN PRITCHARD** **July 7, 2007** **321.287.9252**