

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000114295

Entity Name: MYSTICAL ARTIST LLC

**FILED**  
**Feb 01, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

3700 ISLAND BLVD  
#C307  
AVENTURA, FL 33160

**New Principal Place of Business:**

**Current Mailing Address:**

3700 ISLAND BLVD  
#C307  
AVENTURA, FL 33160

**New Mailing Address:**

FEI Number: 20-8869644

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MICHELLE, ORAVITZ MRS.  
3700 ISLAND BLVD  
#C307  
AVENTURA, FL 33160 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: MRS. ( ) Delete  
Name: MICHELLE ORAVITZ,  
Address: 3700 ISLAND BLVD, APT. C307  
City-St-Zip: AVENTURA, FL 33160

**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: MICHELLE ORAVITZ

MRS.

02/01/2009

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