

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000030513

FILED
Mar 19, 2009
Secretary of State

Entity Name: COGNITIVE PROCESS LLC

Current Principal Place of Business:

135 NE 45 STREET
MIAMI, FL 33137

New Principal Place of Business:

714 N M STREET
LAKE WORTH, FL 33460

Current Mailing Address:

135 NE 45 STREET
MIAMI, FL 33137

New Mailing Address:

714 N M STREET
LAKE WORTH, FL 33460

FEI Number: 75-3238666

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAYER, JEFFREY L
135 NE 45 STREET
MIAMI, FL 33137 US

Name and Address of New Registered Agent:

MAYER, JEFFREY L
714 N M STREET
LAKE WORTH, FL 33460 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: TONIA RAHMING-MAYER

03/19/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MAYER, JEFFREY L
Address: 135 NE 45 STREET
City-St-Zip: MIAMI, FL 33137

Title: MGR () Delete
Name: RAHMING-MAYER, TONIA
Address: 135 NE 45 STREET
City-St-Zip: MIAMI, FL 33137

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MAYER, JEFFREY L
Address: 714 N M STREET
City-St-Zip: LAKE WORTH, FL 33460

Title: MGR (X) Change () Addition
Name: RAHMING-MAYER, TONIA
Address: 714 N M STREET
City-St-Zip: LAKE WORTH, FL 33460

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: TONIA RAHMING-MAYER

MGR

03/19/2009

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