

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000041285

Entity Name: MIDAS GROUP, LLC

FILED
Apr 23, 2008
Secretary of State

Current Principal Place of Business:

1307 S. INTERNATIONAL PARKWAY, SUITE 1091
LAKE MARY, FL 32746

New Principal Place of Business:

1307 S. INTERNATIONAL PARKWAY
SUITE 1091
LAKE MARY, FL 32746

Current Mailing Address:

1307 S. INTERNATIONAL PARKWAY, SUITE 1091
LAKE MARY, FL 32746

New Mailing Address:

FEI Number: 06-1815067 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOACHIM, LOUIS FRANTZ
1307 S. INTERNATIONAL PARKWAY, SUITE 1091
LAKE MARY, FL 32746 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: MGR () Delete
Name: JOACHIM, LOUIS FRANTZ
Address: 1307 S. INTERNATIONAL PARKWAY, SUITE 1091
City-St-Zip: LAKE MARY, FL 32746

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: JOACHIM, LOUIS FRANTZ
Address: 1307 S. INTERNATIONAL PARKWAY, SUITE 1091
City-St-Zip: LAKE MARY, FL 32746

Title: MGRM () Change (X) Addition
Name: HOODA, NAUSHIK
Address: 535 JULIE LANE
City-St-Zip: WINTER SPRINGS, FL 32708

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: LOUIS F. JOACHIM

MGRM

04/23/2008

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