

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
Apr 06, 2009
Secretary of State**

DOCUMENT# L07000047604

Entity Name: MISTIC ILLUSIONS, LLC

Current Principal Place of Business:

18520 N.W. 67TH AE. STE 179
MIAMI, FL 33015

New Principal Place of Business:

Current Mailing Address:

18520 N.W. 67TH AE. STE 179
MIAMI, FL 33015

New Mailing Address:

FEI Number: 20-8531365 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANDS, FRANKLIN F JR.
18520 N.W. 67TH AE. STE 179
MIAMI, FL 33015 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: SANDS, FRANKLIN F JR
Address: 18520 N.W. 67TH AE. STE 179
City-St-Zip: MIAMI, FL 33015

Title: MGR () Delete
Name: FORSYTHE, DAVID
Address: 4009 N. UNIVERISTY DR. APT. 210
City-St-Zip: SUNRISE, FL 33351

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: FRANKLIN F. SANDS JR

MGR

04/06/2009

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