

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000069639

FILED
Apr 29, 2009
Secretary of State

Entity Name: MYSTERY OF - SERIES, LLC

Current Principal Place of Business:

606 FRONT STREET
CELEBRATION, FL 34747

New Principal Place of Business:

52 RILEY RD
SUITE 303
CELEBRATION, FL 34747 US

Current Mailing Address:

606 FRONT STREET
CELEBRATION, FL 34747

New Mailing Address:

52 RILEY RD
SUITE 303
CELEBRATION, FL 34747 US

FEI Number: 26-0529874

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EISSINMANN, IAKE
1239 CELEBRATION AVENUE
CELEBRATION, FL 34747 US

Name and Address of New Registered Agent:

ITMCI BUSINESS SOLUTIONS
177 LONGVIEW AVENUE
CELEBRATION, FL 34747 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: STEVE LEICHNER

04/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: EISSINMANN, IAKE
Address: 1239 CELEBRATION AVENUE
City-St-Zip: CELEBRATION, FL 34747

Title: MGRM () Delete
Name: EISSINMANN, ALEXI
Address: 1239 CELEBRATION AVENUE
City-St-Zip: CELEBRATION, FL 34747

Title: MGRM () Delete
Name: GALLACHER, JOHN M
Address: 4446 PHILIDELPHIA CIRCLE
City-St-Zip: KISSIMMEE, FL 34746

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ITMCI INMOTION, LLC
Address: 177 LONGVIEW AVE
City-St-Zip: CELEBRATION, FL 34747 US

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: STEVE LEICHNER

MGRM

04/29/2009

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