

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000072733

Entity Name: MIND STORM LABS LLC

FILED
Mar 20, 2008
Secretary of State

Current Principal Place of Business:

501 N. ORLANDO AVENUE STE. 313
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

501 N. ORLANDO AVENUE STE. 313
WINTER PARK, FL 32789

New Mailing Address:

FEI Number: 26-0568202

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCLAUGHLIN, THOMAS
501 N. ORLANDO AVENUE STE. 313
WINTER PARK, FL 32789 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: MGRM () Delete
Name: MCLAUGHLIN, THOMAS
Address: 501 N. ORLANDO AVENUE STE. 313
City-St-Zip: WINTER PARK, FL 32789

Title: MGRM () Delete
Name: CARTER, DAVID
Address: 501 N. ORLANDO AVENUE STE. 313
City-St-Zip: WINTER PARK, FL 32789

Title: MGRM () Delete
Name: FISCHL, EARL
Address: 501 N. ORLANDO AVENUE STE. 313
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES:

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

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: THOMAS MCLAUGHLIN

MGRM

03/20/2008

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