

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 01, 2008 8:00 am**  
**Secretary of State**

05-23-2008 90159 020 \*\*\*538.75

|   |   |                           |   |   |  |
|---|---|---------------------------|---|---|--|
| <b>DOCUMENT # L07000096252</b>  |   |                           |   |   |  |
| <b>1. Entity Name</b><br>LUCIDITY LLC   |   |                           |   |   |  |
| <b>Principal Place of Business</b><br>200 S. ANDREWS AVENUE<br>SUITE 200<br>FT LAUDERDALE, FL 33301   |   |                           | <b>Mailing Address</b><br>200 S. ANDREWS AVENUE<br>SUITE 200<br>FT LAUDERDALE, FL 33301   |   |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>   |   | <b>3. Mailing Address</b> |   |   |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.       |   |   |  |
| City & State  |   | City & State              |   |   |  |
| Zip   | Country   | Zip                       | Country   |   |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>BINGHAM, JOSEPH R<br>200 S ANDREWS AVENUE<br>SUITE 200<br>FT LAUDERDALE, FL 33301   |   |                           | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |   |  |
| <b>8. 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. I am familiar with, and accept the obligations of registered agent.</b>  |   |                           |   |   |  |
| SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |   |                           |   |   |  |
| <b>FILE NOW!!! FEE IS \$538.75</b><br><b>Due by September 12, 2008</b>  |   |                           | Make check payable to<br>Florida Department of State  |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |   |                           | <b>10. ADDITIONS/CHANGES</b>  |   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | MGR<br>ARMENTA, GILBERT<br>200 S ANDREWS AVENUE, SUITE 200<br>FT LAUDERDALE, FL 33301 |                           | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | <input type="checkbox"/> Delete   |                           | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
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| <b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.</b> |   |                           |   |   |  |
| <b>SIGNATURE</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |   |                           |   |   |  |
| Date _____ Daytime Phone # _____  |   |                           |   |   |  |

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05202008 Chg-LLC CR2E083 (12/06)

4. FEI Number **26-2882563** Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required