

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90151 002 ***138.75

DOCUMENT # L07000100785

1. Entity Name
MIND MANAGEMENT SERVICES, LLC



Principal Place of Business

**424 E CENTRAL BLVD
#106
ORLANDO, FL 32801**

Mailing Address

**424 E CENTRAL BLVD
#106
ORLANDO, FL 32801**

00004413



2. Principal Place of Business - No P.O. Box #

2015 S TUTTLE AVE

3. Mailing Address

2015 S TUTTLE AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01222008 Chg-LLC CR2E083 (12/06)

City & State

SARASOTA FL

City & State

SARASOTA FL

4. FEI Number

98-0552276

Applied For

Not Applicable

Zip

34239

Country

USA

Zip

34239

Country

USA

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**IMRE, SZAFRICS
424 E. CENTRAL BLVD
106
ORLANDO, FL 32801**

7. Name and Address of New Registered Agent

Name **Imworld Services, Inc**

Street Address (P.O. Box Number is Not Acceptable)

424 E Central Blvd # 106

City **Orlando**

FL

Zip Code
32801

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.

SIGNATURE

Imre Szafrics

1/22/2008

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **BADAR, LASZLO**
STREET ADDRESS **BARTOK BELA UTCA 19**
CITY-ST-ZIP **SZIGETSZENTMIKLOS, HUNGARY, HU 2310**

TITLE **MGRM** ☐ Delete
NAME **BADARNE, KRISZTINA U**
STREET ADDRESS **BARTOK BELA UTCA 19**
CITY-ST-ZIP **SZIGETSZENTMIKLOS, HUNGARY, HU 2310**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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.

SIGNATURE:

LASZLO BADAR 03/27/2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #