

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000100785

Entity Name: MIND MANAGEMENT SERVICES, LLC

FILED  
Jul 15, 2009  
Secretary of State

**Current Principal Place of Business:**

2015 S TUTTLE AVE  
#106  
SARASOTA, FL 34239

**New Principal Place of Business:**

**Current Mailing Address:**

2015 S TUTTLE AVE  
#106  
SARASOTA, FL 34239

**New Mailing Address:**

FEI Number: 98-0552276      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**      **Name and Address of New Registered Agent:**

IMWORLD SERVICES INC  
424 E. CENTRAL BLVD  
# 106  
ORLANDO, FL 32801 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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BADAR, LASZLO  
Address: BARTOK BELA UTCA 19  
City-St-Zip: SZIGETSZENTMIKLOS, HUNGARY, HU 2310 HU

**ADDITIONS/CHANGES:**

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

Title: MGRM ( ) Delete  
Name: BADARNE, KRISZTINA U  
Address: BARTOK BELA UTCA 19  
City-St-Zip: SZIGETSZENTMIKLOS, HUNGARY, HU 2310 HU

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: LASZLO BADAR

MGRM

07/15/2009

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