

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000102486

Entity Name: RAREXPERIENCE, LLC.

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

6706 9TH AVE  
SUITE D19  
PENSACOLA, FL 32504

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 10452  
PENSACOLA, FL 32524

**New Mailing Address:**

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BRANDON, DAMIEN  
8380 COUNTRY WALK DR  
A  
PENSACOLA, FL 32514 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: MGR  
Name: BRANDON, DAMIEN  
Address: 8380 A COUNTRY WALK DRIVE  
City-St-Zip: PENSACOLA, FL 32514

Title: MGR  
Name: CALDWELL, FRANCES  
Address: P.O. BOX 10452  
City-St-Zip: PENSACOLA, FL 32524

I hereby 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: D BRANDON

MGR

04/30/2011

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