

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000063364

FILED
Sep 01, 2009
Secretary of State

Entity Name: INGENIOUS FAMILY, L.L.C.

Current Principal Place of Business:

4001 MADISON STREET
HOLLYWOOD, FL 33021

New Principal Place of Business:

Current Mailing Address:

4001 MADISON STREET
HOLLYWOOD, FL 33021

New Mailing Address:

FEI Number: 38-3787243 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:

BERNARD, JOSEPH
4001 MADISON STREET
HOLLYWOOD, FL 33021 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: MGR () Delete
Name: MAXWELL, RICK A
Address: 1265 SW 101 TERR., APT. 102
City-St-Zip: PEMBROKE PINES, FL 33025

Title: MGR () Delete
Name: BROWN, GARRETT
Address: 20060 NW 13TH AVENUE
City-St-Zip: MIAMI, FL 33169

Title: MGR () Delete
Name: BERNARD, JOSEPH
Address: 4001 MADISON STREET
City-St-Zip: HOLLYWOOD, FL 33021

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: JOSEPH BERNARD

MGR

09/01/2009

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