

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000074160

Entity Name: THE CONNECTED BRAIN, LLC

FILED  
May 04, 2009  
Secretary of State

## Current Principal Place of Business:

1321 SW 102 AVENUE  
MIAMI, FL 33174

## New Principal Place of Business:

9004 SW 62 TERRACE  
MIAMI, FL 33173

## Current Mailing Address:

1321 SW 102 AVENUE  
MIAMI, FL 33174

## New Mailing Address:

9004 SW 62 TERRACE  
MIAMI, FL 33173

FEI Number: 26-2936655      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:

BERGOUIGNAN, LINA  
1321 SW 102 AVENUE  
MIAMI, FL 33174      US

## Name and Address of New Registered Agent:

BERGOUIGNAN, LINA  
9004 SW 62 TERRACE  
MIAMI, FL 33173      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: LINA BERGOUIGNAN

05/04/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM      ( ) Delete  
Name: BERGOUIGNAN, LINA  
Address: 1321 SW 102 AVENUE  
City-St-Zip: MIAMI, FL 33174

## ADDITIONS/CHANGES:

Title: MGRM      (X) Change      ( ) Addition  
Name: BERGOUIGNAN, LINA  
Address: 9004 SW 62 TERRACE  
City-St-Zip: MIAMI, FL 33173

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: LINA BERGOUIGNAN

MS.

05/04/2009

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