

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000095387

Entity Name: HITCHNER INTUITIVE, LLC

FILED
Jan 18, 2009
Secretary of State

Current Principal Place of Business:

1790 BLUE RIDGE ROAD
WINTER PARK, FL 32789

New Principal Place of Business:

1700 MEETING PL
#203
ORLANDO, FL 32814

Current Mailing Address:

1790 BLUE RIDGE ROAD
WINTER PARK, FL 32789

New Mailing Address:

FEI Number: 26-3512884

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HITCHNER, AIMEE E
1790 BLUE RIDGE ROAD
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

HITCHNER, AIMEE E
1700 MEETING PL
#203
ORLANDO, FL 32814 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:

01/18/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HITCHNER, MARK O
Address: 1790 BLUE RIDGE ROAD
City-St-Zip: WINTER PARK, FL 32789

Title: MGRM () Delete
Name: HITCHNER, AIMEE E
Address: 1790 BLUE RIDGE ROAD
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HITCHNER, MARK O
Address: 1700 MEETING PL #203
City-St-Zip: ORLANDO, FL 32814

Title: MGRM (X) Change () Addition
Name: HITCHNER, AIMEE E
Address: 1700 MEETING PL #203
City-St-Zip: ORLANDO, FL 32814

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: MARK HITCHNER

MGRM

01/18/2009

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