

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000102447

**FILED**  
**Jan 13, 2010**  
**Secretary of State**

**Entity Name:** BRAIN CLOUD, LLC

**Current Principal Place of Business:**

1500 CROWNE ORMOND LN.  
APT. 434  
ORMOND BEACH, FL 32174 US

**New Principal Place of Business:**

5 FLEMING CIRCLE  
BELLA VISTA, AR 72714 US

**Current Mailing Address:**

1500 CROWNE ORMOND LN.  
APT. 434  
ORMOND BEACH, FL 32174 US

**New Mailing Address:**

5 FLEMING CIRCLE  
BELLA VISTA, AR 72714 US

**FEI Number:** 26-3825857

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD.  
SUITE A-100  
TAMPA, FL 33612 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:** MGRM  
**Name:** ASWELL, CHALIN  
**Address:** 5 FLEMING CIRCLE  
**City-St-Zip:** BELLA VISTA, AR 72714 US

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:** CHALIN ASWELL

MGRM

01/13/2010

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