

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000102775

**FILED**  
**Feb 17, 2009**  
**Secretary of State**

**Entity Name:** MATTHEW KAPLAN'S INCREDIBLE INVENTIONS, LLC

**Current Principal Place of Business:**

11086 86TH STREET NORTH  
WEST PALM BEACH, FL 33412 US

**New Principal Place of Business:**

**Current Mailing Address:**

11086 86TH STREET NORTH  
WEST PALM BEACH, FL 33412 US

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

DLOUGHY, JAMES D  
2855 PGA BLVD  
PALM BEACH GARDENS, FL 33410 US

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

KAPLAN, LILLIAN M  
11086 86 RD N  
WEST PALM BEACH, FL 33412 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: LILLIAN M KAPLAN

02/17/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: KAPLAN, MATTHEW  
Address: 11086 86TH STREET NORTH  
City-St-Zip: WEST PALM BEACH, FL 33412 US

**ADDITIONS/CHANGES:**

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: MATTHEW KAPLAN

PRES

02/17/2009

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