

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000104471

FILED  
Apr 17, 2009  
Secretary of State

Entity Name: POLITICS AND MEDICINE LLC

**Current Principal Place of Business:**

2197 BRENT PLACE  
PALM HARBOR, FL 34683

**New Principal Place of Business:**

**Current Mailing Address:**

2197 BRENT PLACE  
PALM HARBOR, FL 34683

**New Mailing Address:**

FEI Number: 26-3682897

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SMITH, TRAVIS  
2197 BRENT PLACE  
PALM HARBOR, FL 34683 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: MGR ( ) Delete  
Name: SMITH, TRAVIS  
Address: 2197 BRENT PLACE  
City-St-Zip: PALM HARBOR, FL 34683

Title: MGRM ( ) Delete  
Name: BIANCO, CHRIS  
Address: 322 BOWER HILL ROAD  
City-St-Zip: VENETIAN, PA 15367

Title: MGRM ( ) Delete  
Name: LOCH, ELI  
Address: 8146 NATURES WAY APT #34  
City-St-Zip: BRADENTON, FL 34202

**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: TRAVIS SMITH

MGRM

04/17/2009

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