

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000107828

FILED
Jun 23, 2009
Secretary of State

Entity Name: THREE AND A HALF BRAINS, LLC

Current Principal Place of Business:

7024 SKY LANE DRIVE
ORLANDO, FL 32819 US

New Principal Place of Business:

Current Mailing Address:

8815 CONROY-WINDERMERE ROAD
#350
ORLANDO, FL 32835 US

New Mailing Address:

FEI Number: 26-3745359 **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:

WISE, DAVID A
1300 OAKWOOD AVE
DAYTONA BEACH, FL 32114 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 () Delete
Name: COOK, TRAVIS R
Address: 471 MAYBANK AVE
City-St-Zip: TORONTO, ON M6N3S7 CA

Title: MGRM () Delete
Name: POZZOBON, DAVID
Address: 83 ANTHONY RD
City-St-Zip: TORONTO, ON M3K1B5 CA

Title: MGRM () Delete
Name: TUDELA, WEIMAR P
Address: 7024 SKY LANE DRIVE
City-St-Zip: ORLANDO, FL 32819 US

Title: MGRM () Delete
Name: WISE BUSINESS TECHNOLOGIES, LLC
Address: 1300 OAKWOOD AVE
City-St-Zip: DAYTONA BEACH, FL 32114 US

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:

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: DAVID A WISE

MGRM

06/23/2009

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