

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000114721

**FILED**  
**Apr 28, 2010**  
**Secretary of State**

**Entity Name:** CALCULATED INTELLIGENCE LLC

**Current Principal Place of Business:**

429 LENOX AVENUE, SUITE #4C14  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

1819 WEST AVE.  
BAY #3  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

429 LENOX AVENUE, SUITE #4C14  
MIAMI BEACH, FL 33139

**New Mailing Address:**

P.O. BOX 311072  
MIAMI, FL 33231 US

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired (X)**

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

CILOFARYNTS  
8 S.E. 2ND AVENUE #401  
MIAMI, FL 33131 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  
Name: CILOFARYNTS  
Address: 8 S.E. 2ND AVENUE #401  
City-St-Zip: MIAMI, FL 33131

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:** TH

MGR

04/28/2010

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