

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000049025

Entity Name: THE INCREDIBEDS LLC

**FILED**  
**Mar 17, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

4409 HOFFNER AVE 124  
ORLANDO, FL 32812

**New Principal Place of Business:**

2157 VISCOUNT ROW  
ORLANDO, FL 32809

**Current Mailing Address:**

4409 HOFFNER AVE 124  
ORLANDO, FL 32812

**New Mailing Address:**

FEI Number: 20-5035448      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MALONEY, JEREMY  
3601 ST MORITZ ST  
BELLE ISLE, FL 32812      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: MALONEY, JEREMY  
Address: 3601 ST MORITZ ST  
City-St-Zip: BELLE ISLE, FL 32812

Title: MGRM  
Name: MALONEY, LYNETTE  
Address: 3601 ST MORITZ ST  
City-St-Zip: BELLE ISLE, FL 32812

Title: MGRM  
Name: JACKMAN, JASON  
Address: 1212 ADELEIDE CT  
City-St-Zip: OCOEE, FL 34761

Title: MGRM  
Name: GARBER, BABETTE  
Address: 2026 E ESTHER ST  
City-St-Zip: ORLANDO, FL 32806

Title: MGRM  
Name: UGAS, FABIOLA M  
Address: 7126 HARBOR HEIGHTS DR  
City-St-Zip: ORLANDO, FL 32835

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: JEREMY MALONEY

PRES

03/17/2010

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