

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000055417

**FILED**  
**Mar 12, 2012**  
**Secretary of State**

**Entity Name:** MOBILE LEGEND LLC

**Current Principal Place of Business:**

321 BREAM AVE  
#307  
FORT WALTON BEACH, FL 32548 US

**New Principal Place of Business:**

114 MERLE CIRCLE  
FORT WALTON BEACH, FL 32547 US

**Current Mailing Address:**

PO BOX 5203  
FORT WALTON BEACH, FL 32549

**New Mailing Address:**

PO BOX 5203  
FORT WALTON BEACH, FL 32549 US

**FEI Number:** 35-2365561

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SNEED, JASON C  
321 BREAM AVE  
#307  
FORT WALTON BEACH, FL 32548 US

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

SNEED, JASON C  
114 MERLE CIRCLE  
FORT WALTON BEACH, FL 32547 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: JASON SNEED

03/12/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: SNEED, JASON C  
Address: 114 MERLE CIRCLE  
City-St-Zip: FORT WALTON BEACH, FL 32547 US

Title: MGR  
Name: BONCZKOVA, MONIKA  
Address: 26 CHATELAINE CIRCLE  
City-St-Zip: FORT WALTON BEACH, FL 32548 US

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: JASON SNEED

MGR

03/12/2012

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