

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000087268

**Entity Name:** PSYCHOTIC MATINEE LLC

**FILED**  
**May 01, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1401 LENNOX RD E  
PALM HARBOR, FL 34683 US

**New Principal Place of Business:**

**Current Mailing Address:**

1401 LENNOX RD E  
PALM HARBOR, FL 34683 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **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:**

JOHN, MOCKLER  
1401 LENNOX RD E  
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:** MGRM  
**Name:** MOCKLER, JOHN  
**Address:** 1401 LENNOX RD E  
**City-St-Zip:** PALM HARBOR, FL 34683

**Title:** MGR  
**Name:** MCDERMITT, MICHAEL J  
**Address:** 1865 DINNERBELL LN  
**City-St-Zip:** DUNEDIN, FL 34698 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: J. MOCKLER

MGRM

05/01/2010

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