

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000109554

**FILED**  
**Apr 18, 2012**  
**Secretary of State**

**Entity Name:** MADELEYN, LLC

**Current Principal Place of Business:**

7480 SW 170 TERRACE  
PALMETTO BAY, FL 33157

**New Principal Place of Business:**

**Current Mailing Address:**

7480 SW 170 TERRACE  
PALMETTO BAY, FL 33157

**New Mailing Address:**

**FEI Number:** 27-1393019

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RARICK & ASSOCIATES PA  
6500 COWPEN RD  
SUITE 204  
MIAMI LAKES, FL 33014 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:** BLOODWORTH, WILLIAM  
**Address:** 7480 SW 170 TERRACE  
**City-St-Zip:** PALMETTO BAY, FL 33157 US

**Title:** MGR  
**Name:** BLOODWORTH, MADELEYN  
**Address:** 7480 SW 170 TERRACE  
**City-St-Zip:** PALMETTO BAY, FL 33157 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:** WILLIAM BLOODWORTH

M.M.

04/18/2012

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