

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000111063

**FILED**  
**May 10, 2010**  
**Secretary of State**

**Entity Name:** LOCKSMITH MAGIC LLC

**Current Principal Place of Business:**

10150 BELLE RIVE  
1201  
JACKSONVILLE, FL 32256 US

**New Principal Place of Business:**

1507 HOLLY OAKS LAKE RD W  
JACKSONVILLE, FL 32225 US

**Current Mailing Address:**

1507 HOLLY OAKS LAKE RD WEST  
JACKSONVILLE, FL 32225 US

**New Mailing Address:**

1507 HOLLY OAKS LAKE RD W  
JACKSONVILLE, FL 32225 US

**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:**

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

GILDER, NATHAN  
1507 HOLLY OAKS LAKE RD WEST  
JACKSONVILLE, FL FL 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: GILDER, NATHAN  
Address: 1507 HOLLY OAKS LAKE RD W  
City-St-Zip: JACKSONVILLE, FL 32225 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: NATHAN GILDER

MGRM

05/10/2010

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