2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: COINCIDENCE, LLC

Current Principal Place of Business:

1717 NORTH BAYSHORE DRIVE, SUITE 102
MIAMI, FL 33132

New Principal Place of Business:

Current Mailing Address:

1717 NORTH BAYSHORE DRIVE, SUITE 102
MIAMI, FL 33132

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FALSETTO, MICHAEL
1717 NORTH BAYSHORE DRIVE, SUITE 102
MIAMI, FL 33132 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: THALIEN, LAURE A
Address: 3 RUE DU PROGRES - VOGLA PLAGE
City-St-Zip: FORT DE FRANCE, MARTINIQUE,

Title: MGRM
Name: THALIEN, JORDAN S
Address: 3 RUE DU PROGRES - VOGLA PLAGE
City-St-Zip: FORT DE FRANCE, MARTINIQUE,

Title: MGRM
Name: THALIEN, YOAN M.J.
Address: 3 RUE DU PROGRES - VOGLA PLAGE
City-St-Zip: FORT DE FRANCE, MARTINIQUE,

Title: MGRM
Name: THALIEN, GREGORY Y
Address: 3 RUE DU PROGRES - VOGLA PLAGE
City-St-Zip: FORT DE FRANCE, MARTINIQUE,

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 Statues.

SIGNATURE: LAURE THALIEN MGRM 04/09/2011

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