

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000100236

Entity Name: WALLET KOOZIE, LLC

**FILED**  
**Apr 15, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

4 EMERALD COURT  
SATELLITE BEACH, FL 32937

**New Principal Place of Business:**

9 EMERALD CT  
SATELLITE BEACH, FL 32937

**Current Mailing Address:**

4 EMERALD COURT  
SATELLITE BEACH, FL 32937

**New Mailing Address:**

PO BOX 372358  
SATELLITE BEACH, FL 32937

FEI Number: 30-0647551

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NAGEON DE LESTANG, ALAIN  
4 EMERALD COURT  
SATELLITE BEACH, FL 32937 US

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

LAMOTHE, BRIAN C  
9 EMERALD CT  
SATELLITE BEACH, FL 32937 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: BRIAN LAMOTHE

04/15/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: NAGEON DE LESTANG, ALAIN  
Address: PO BOX 372358  
City-St-Zip: SATELLITE BEACH, FL 32937

Title: MGRM  
Name: LAMOTHE, BRIAN C  
Address: 9 EMERALD COURT  
City-St-Zip: SATELLITE BEACH, FL 32937

Title: MGRM  
Name: NISI, MICHAEL J  
Address: 2012 CATALINA BOULEVARD  
City-St-Zip: SAN DIEGO, CA 92107

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: ALAIN NAGEONDELESTANG

MR

04/15/2011

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