

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000019972

Entity Name: IRRATIONAL EXUBERANCE, LLC

**FILED**  
**May 01, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

6424 N. UNIVERSITY DRIVE  
TAMARAC, FL 33321

## **New Principal Place of Business:**

6424 N. UNIVERSITY DRIVE  
TAMARAC, FL 33321 US

## **Current Mailing Address:**

POST OFFICE BOX 450466  
SUNRISE, FL 33322

## **New Mailing Address:**

POST OFFICE BOX 450466  
SUNRISE, FL 33322 US

FEI Number: 27-5156549

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.  
155 OFFICE PLAZA DRIVE, 1ST FLOOR  
TALLAHASSEE, FL 32301 US

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

STARK, PENNY  
9861 SUNRISE LAKES BLVD  
SUITE 308  
SUNRISE, FL 33322 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: PENNY STARK

05/01/2012

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: STARK, PENNY  
Address: POST OFFICE BOX 450466  
City-St-Zip: SUNRISE, FL 33322

Title: MGRM  
Name: VALLE, BERNARDO  
Address: POST OFFICE BOX 450466  
City-St-Zip: SUNRISE, FL 33322

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: PENNY STARK

MGRM

05/01/2012

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