

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000000515

FILED  
May 27, 2009  
Secretary of State

Entity Name: MICHAEL PINK INNOVATIONS LLC

## Current Principal Place of Business:

379 INTERSTATE BLVD  
SARASOTA, FL 34240

## New Principal Place of Business:

1215 SARASOTA CENTER BLVD  
SARASOTA, FL 34240

## Current Mailing Address:

PO BOX 19888  
SARASOTA, FL 34276

## New Mailing Address:

FEI Number: 65-1111431      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PINK, MICHAEL  
379 INTERSTATE BLVD  
SARASOTA, FL 34240      US

## Name and Address of New Registered Agent:

PINK, MICHAEL  
1215 SARASOTA CENTER BLVD  
SARASOTA, FL 34240      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:

05/27/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: PINK, MICHAEL  
Address: PO BOX 19888  
City-St-Zip: SARASOTA, FL

Title: MGR ( ) Delete  
Name: PINK, BRENDA  
Address: PO BOX 19888  
City-St-Zip: SARASOTA, FL

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: PINK, MICHAEL  
Address: PO BOX 19888  
City-St-Zip: SARASOTA, FL 34276

Title: MGR (X) Change ( ) Addition  
Name: PINK, BRENDA  
Address: PO BOX 19888  
City-St-Zip: SARASOTA, FL 34276

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: CHERYL L. CLUNK

MS.

05/27/2009

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