

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000014592

**Entity Name:** MINGODESIGNNS, LLC

**Current Principal Place of Business:**

300 NE 19H COURT  
N-216  
WILTON MANORS, FL 33305

**Current Mailing Address:**

300 NE 19H COURT  
N-216  
WILTON MANORS, FL 33305

**FEI Number:** 45-4413195

**Certificate of Status Desired:** No

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

MENDELSON, BARBARA  
300 NE 19H COURT  
N-216  
WILTON MANORS, FL 33305 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

**Authorized Person(s) Detail :**

Title MGRM  
Name MENDELSON, BARBARA  
Address 300 NE 19H COURT N-216  
City-State-Zip: WILTON MANORS FL 33305

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** BARBARA MENDELSON

MGRM

03/27/2013

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date