

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90024 022 ****50.00

DOCUMENT # L01000011290

1. Entity Name

BLIND MICE, LLC



Principal Place of Business

**2600 TECHNOLOGY DR.
STE 200
ORLANDO FL 32804**

Mailing Address

**808 S. DENNING DR.
WINTER PARK FL 32789**

2. Principal Place of Business

808 S. DENNING DR

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WINTER PARK FL

City & State

Zip

32789

Country

USA

Zip

Country

4. FEI Number **59-3735985**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LIGHTSEY, ALTON L
808 S. DENNING DR.
WINTER PARK FL 32789**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MCARDLE, MICHAEL F
2600 TECHNOLOGY DRIVE # 200
ORLANDO FL 32804** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MCARDLE, MICHAEL F
808 S. DENNING DR
WINTER PARK FL 32789** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BALL, THOMAS B III
213 SHADY OAKS CR
LAKE MARY FL 32746** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/30/03
Date

407.622.0029
Daytime Phone #

CR2E083 (10/02)