
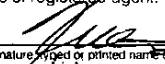
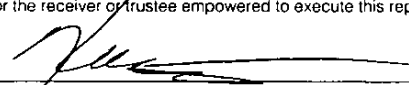


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90169 007 ****50.00

DOCUMENT # L04000067703 1. Entity Name BLIND EXCELLENCE, LLC																													
Principal Place of Business 11617 REXMERE BLVD DAVIE, FL 33325			Mailing Address 11617 REXMERE BLVD DAVIE, FL 33325																										
2. Principal Place of Business - No P.O. Box # 			3. Mailing Address 																										
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 																										
City & State 			City & State 																										
Zip 		Country 		Zip 																									
Country 		Country 		4. FEI Number 20-1642287																									
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable																									
6. Name and Address of Current Registered Agent ELBERTSON, KEITH 11617 REXMERE BLVD DAVIE, FL 33325				7. Name and Address of New Registered Agent 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  <small>Signature typed or printed name of registered agent and title if applicable.</small>				DATE 3/20/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>																									
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State																											
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 9. MANAGING MEMBERS / MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">MGRM</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ELBERTSON, KEITH</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>11617 REXMERE BLVD</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>DAVIE, FL 33325</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 10. ADDITIONS / CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	MGRM	<input type="checkbox"/> Delete	NAME	ELBERTSON, KEITH		STREET ADDRESS	11617 REXMERE BLVD		CITY - ST - ZIP	DAVIE, FL 33325		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date 3/20/2007 Daytime Phone # 954-370-5010																									

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03202007 Chg-LLC CR2E083 (12/06)