

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

07 SEP 12 AM 7:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000080438

1. Entity Name

BLIND AMBITIONS, LLC



Principal Place of Business

7992 HIDDEN OAK CT.
TALLAHASSEE, FL 32317

Mailing Address

7992 HIDDEN OAK CT.
TALLAHASSEE, FL 32317

BK



09122007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PHILLIPS, GINGER
7992 HIDDEN OAK CT.
TALLAHASSEE, FL 32317

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by September 14, 2007**

BK

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
PHILLIPS, GREGORY
7992 HIDDEN OAK CT.
TALLAHASSEE, FL 32317

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
PHILLIPS, GINGER
7992 HIDDEN OAK CT.
TALLAHASSEE, FL 32317

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NAME
STREET ADDRESS
CITY- ST- ZIP

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**DO NOT WRITE
IN THIS SPACE**

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:

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

9/12/07 850-570-9678

Date

Daytime Phone #