

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 02, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000072426**

1. Entity Name  
**MEN MOUSENFLIP, L.L.C.**



Principal Place of Business  
**13750 WEST COLONIAL DRIVE  
SUITE 350 - 401  
WINTER GARDEN, FL 34787**

Mailing Address  
**13750 WEST COLONIAL DRIVE  
SUITE 350 - 401  
WINTER GARDEN, FL 34787**



02132007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-1932159**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**BRAUNAGEL, CARL J  
13750 WEST COLONIAL DRIVE  
SUITE 350 - 401  
WINTER GARDEN, FL 34787**

**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 May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRAUNAGEL, CARL J 2625 S. ANICA LANE COTTONWOOD, AZ 86326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRAUNAGEL, THOMAS W 7 BRITTANY AVE TRUMBULL, CT 06611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WALDRON, MARIANNE 112 FORREST AVE MONROE, NH 10950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR O'BRIEN, CHRISTINE 31 HARDING WAY MONROE, NY 10950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000653933  
03/13/07-80042-021 50.00

**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

Date

Daytime Phone #