

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90280 016 \*\*\*\*50.00

DOCUMENT # L99000001430

1. Entity Name

MOUSE ENTERPRISES, LLC



Principal Place of Business

435 S. SHORE DRIVE  
SARASOTA FL 34234

1018 Nancy Gamble LN  
Ellenton, FL 34222

Mailing Address

P.O. BOX 3319  
SARASOTA FL 34230

1018 Nancy Gamble LN  
Ellenton, FL 34222

24014186



MOORE

CR2E083 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0908987

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

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, 2004

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	DE BARON, KAREN	1018 Nancy Gamble LN
STREET ADDRESS	P.O. BOX 17961	Ellenton, FL 34222
CITY-ST-ZIP	SARASOTA FL 34276-0961	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BARON, JAMIE	1018 Nancy Gamble LN
STREET ADDRESS	P.O. BOX 17961	Ellenton, FL 34222
CITY-ST-ZIP	SARASOTA FL 34276-0961	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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STREET ADDRESS	
CITY-ST-ZIP	

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:

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

2-18/04 (941) 544-7797

Date

Daytime Phone #