

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000072733

**Entity Name:** MIND STORM LABS LLC

**Current Principal Place of Business:**

501 N. ORLANDO AVENUE, STE. 313  
WINTER PARK, FL 32789

**Current Mailing Address:**

501 N. ORLANDO AVENUE, STE. 313  
WINTER PARK, FL 32789

**FEI Number:** 26-0568202

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MCLAUGHLIN, THOMAS  
501 N. ORLANDO AVENUE STE. 313  
WINTER PARK, FL 32789 US

*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.*

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name MCLAUGHLIN, THOMAS  
Address 501 N. ORLANDO AVENUE, STE. 313  
City-State-Zip: WINTER PARK FL 32789

Title MGR  
Name CARTER, DAVID  
Address 501 N. ORLANDO AVENUE, STE. 313  
City-State-Zip: WINTER PARK FL 32789

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** THOMAS MCLAUGHLIN

MGR

04/28/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date