

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000054499

1. Entity Name
MICASA, L.L.C.



Principal Place of Business

1501 SOUTH DRIVE
SARASOTA, FL 34239 US

Mailing Address

1501 SOUTH DRIVE
SARASOTA, FL 34239 US

FILED
Aug 20, 2007 08:00 AM
Secretary of State



08082007 No Chg-LLC

CR2E083 (11/05)

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4. FEI Number
20-0496995

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHARBONNEAU, ANDRE' K R ESQ
2033 MAIN STREET
SUITE 500
SARASOTA, FL 34237

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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**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
SULLIVAN, JOHN
STREET ADDRESS
1501 SOUTH DRIVE
CITY-ST-ZIP
SARASOTA, FL 34239

TITLE
NAME
SULLIVAN, SUE
STREET ADDRESS
1501 SOUTH DRIVE
CITY-ST-ZIP
SARASOTA, FL 34239

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000772393
08/20/07-80001-025 50.00

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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: X

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

Date

Daytime Phone #