

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L00000009623**

1. Entity Name  
**CICO OF ARIZONA, LLC.**



Principal Place of Business  
**830 DEEP LAGOON LANE  
FORT MYERS, FL 33919**

Mailing Address  
**830 DEEP LAGOON LANE  
FORT MYERS, FL 33919**



01202006 No Chg-LLC

CR2ED83 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**87-0660493**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional  
Fee Required

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

**NIPPER, DAVID E  
830 DEEP LAGOON LANE  
FORT MYERS, FL 33919**

**DO NOT WRITE  
IN THIS SPACE**

6. 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 reconstituting)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
NIPPER, DAVID E  
830 DEEP LAGOON LANE  
FORT MYERS, FL 33919**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
NIPPER, BETTY J  
830 DEEP LAGOON LANE  
FORT MYERS, FL 33919**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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03/02/06 80004-024 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

**1-23-06 238-437-3471**

Date

Daytime Phone #