


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # L00000009625	
1. Entity Name CICO OF IDAHO, LLC.	

Principal Place of Business 830 DEEP LAGOON LANE FORT MYERS, FL 33919	Mailing Address 830 DEEP LAGOON LANE FORT MYERS, FL 33919
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DO NOT WRITE IN THIS SPACE



01232008 No Chg-LLC	CR2E083 (12/07)
4. FEI Number 87-0660494	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$138.75
 After May 1, 2008 Fee will be \$538.75

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
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 02/12/08-80064-015 138.75

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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: *David E Nipper* 1-31-08 239-437-3471

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #