2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L02000000409

1. Entity Name
MULTICORP, LLC

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Principal Place of Business	Mailing Address
17734 GLENOPP DR	17734 GLENOPP DR
LAND O' LAKES, FL 34638	LAND O' LAKES, FL 34638

DO NOT WRITE IN THIS SPACE

02262007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
26-0005203	Not Applicable

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

6. Name and Address of Current Registered Agent

BATTISTONI, ROGER
17734 GLENOPP DR
LAND O' LAKES, FL 34638

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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_____

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 May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	BATTISTONI, ROGER
STREET ADDRESS	17734 GLENOPP DR
CITY-ST-ZIP	LAND O' LAKES, FL 34638

TITLE	MGR
NAME	BATTISTONI, AMANDA
STREET ADDRESS	17734 GLENOPP DR
CITY-ST-ZIP	LAND O' LAKES, FL 34638

TITLE	
NAME	
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CITY-ST-ZIP	

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CITY-ST-ZIP	

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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: _Roger Battistoni_   3/6/07   954-609-8825

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