

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000001846**

1. Entity Name  
**MULTICO HOLDINGS, LLC**



Principal Place of Business  
**545 13TH AVE. SOUTH  
NAPLES, FL 34102 US**

Mailing Address  
**545 13TH AVE. SOUTH  
NAPLES, FL 34102 US**



01062007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>14-1873320</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

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

**MERCER, DONALD W  
545 13TH AVE. SOUTH  
NAPLES, FL 34102**

**DO NOT WRITE  
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 May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MERCER, DONALD W 545 17TH AVE S NAPLES, FL 34102</b>
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01/31/07-30021-025 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:** **Donald W. Mercer**

**01/08/07 (239) 571-0319**

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

Date

Daytime Phone #