

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90042 017 ****50.00

DOCUMENT # L03000007537

1. Entity Name

LASER CARD, LLC



Principal Place of Business

2003 N. OCEAN BLVD. #1604
BOCA RATON FL 33431

Mailing Address

2003 N. OCEAN BLVD. #1604
BOCA RATON FL 33431

2. Principal Place of Business

6906 BARBAROSSA ST

3. Mailing Address

6906 BARBAROSSA ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.



1st MOORE

CR2E083 (10/04)

City & State

BOCA RATON FL

City & State

BOCA RATON FL

4. FEI Number

06-1680501

Applied For

Not Applicable

Zip

33433 7528

Country

P.B.

Zip

33433 7528

Country

P.B.

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MICALI, FRANK
2003 N. OCEAN BLVD. #1604
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name FRANK MICALI

Street Address (P.O. Box Number is Not Acceptable)
6906 BARBAROSSA ST

BOCA RATON

City

BOCA RATON

FL

Zip Code

33433 7528

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

Frank Micali

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when reinstating

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
BURCHETTE JR., ROBERT L PRES
133 LEN COURT
SPARTANBURG SC 29303

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
MICALI, FRANK
2003 N. OCEAN BLVD. UNIT 1604
BOCA RATON FL 33431

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
FRANK MICALI
6906 BARBAROSSA ST
BOCA RATON FL 33433

☒ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Frank Micali

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

Date

Daytime Phone #

1-31-05 561 289 4334