


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 13, 2007 8:00 am**  
**Secretary of State**

02-13-2007 90056 023 \*\*\*\*50.00

DOCUMENT # L03000046524					
1. Entity Name <b>MIMCO, LLC</b>					
Principal Place of Business 10437 NE 218TH LANE RD ORANGE SPRINGS FL 32182			Mailing Address 10437 NE 218TH LANE RD ORANGE SPRINGS FL 32182		
2. Principal Place of Business - No P.O. Box # <b>10437 NE 218TH LANE RD</b>		3. Mailing Address <b>B. Mimco LLC</b>			
Suite, Apt. #, etc. <del>ORANGE SPRINGS, FL</del>		Suite, Apt. #, etc. <b>P.O. Box 171</b>			
City & State <b>ORANGE SPRINGS, FL</b>		City & State <b>ORANGE SPRINGS, FL</b>			
Zip <b>32182</b>		Country <b>U.S.A.</b>		Zip <b>32182</b>	
Country <b>U.S.A.</b>		Country <b>U.S.A.</b>			
6. Name and Address of Current Registered Agent  <b>MIMS, DONALD G</b> <b>10437 NE 218TH LANE RD</b> <b>ORANGE SPRINGS FL 32182</b>			7. Name and Address of New Registered Agent Name <b>N/A</b> Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code  <div style="display: flex; justify-content: space-between;"> <span>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.</span> <span>SIGNATURE <i>Donald G Mims</i> DATE <b>2-01-07</b></span> </div>		
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MIMS, DONALD G 10437 NE 218TH LANE RD ORANGE SPRINGS FL 32182	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Donald G Mims</i>			DATE: <b>2-01-07</b> DAYTIME PHONE #: <b>352 5461136</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					