


**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90027 007 \*\*\*\*50.00

DOCUMENT # <b>L 04000020470</b>	
1. Entity Name <b>Louis R. De Micco LLC</b>	

**DO NOT WRITE IN THIS SPACE**

**20038244**

2. Principal Place of Business <b>2175 SW 19th Lane</b>	3. Mailing Address <b>2175 SW 19th Lane</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State <b>Orlando FL</b>	City & State <b>Orlando FL</b>	4. FEI Number <b>20-0914101</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32874</b>	Country <b>Orlando</b>	Zip <b>32874</b>	Country <b>Orlando</b>
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			

**DO NOT WRITE  
IN THIS SPACE**

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

Name **Spiegel & Utrera, P.A.**

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

**1840 Coral Way, 4th Floor**

City **Miami**

**FL**

Zip Code **33145**

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.

DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MANAGING MEMBER</b> <b>Louis R. De Micco LLC</b> <b>2175 SW 19th Lane</b> <b>Orlando FL 32874</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: **Louis R. De Micco LLC**

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

**4/15/05 843-762-1547**

Date

Daytime Phone

CR2E083B (12/02)