## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L04000020470** 

Entity Name

LOUIS R. DE MICCO LLC



FILED
Mar 13, 2008 08:00 AN
Secretary of State

Principal Place of Business

2175 SOUTHWEST 19TH LANE OKEECHOBEE, FL 34974

Mailing Address

2175 SOUTHWEST 19TH LANE OKEECHOBEE, FL 34974



03072008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number		· · ·	Applied For
20-0914101			Not Applicable
5 Contingte of Status Desired	 \$5.0	)0 A	dditional

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

MAXWELL & MAXWELL, P.A. 405 NW 3RD STREET OKEECHOBEE, FL 34972

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	. The above named entity submits this statement for the purpose of chang the obligations of registered agent	iging its registered office or registered agent, or both, in the State of Florida	. I am familiar with, an	d accept
SI	IGNATURE			

## FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

000000856753 03/28/08-80024-020 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEMICCO, LOUIS R 2175 SOUTHWEST 19TH LANE OKEECHOBEE, FL 34974
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
11. I hereby	certify that the information supplied with this filing does not qualify for the e

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11. Thereby 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: Louis R. O. Micro HC

3-7-08

863-763-1547

Date

Daytime Phone #