

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000040812

Entity Name: EILEEN MIKULECKY, LLC

FILED  
Jun 11, 2012  
Secretary of State

**Current Principal Place of Business:**

2612 LOST BALL DR  
SEBRING, FL 33872 US

**New Principal Place of Business:**

**Current Mailing Address:**

2612 LOST BALL DR  
SEBRING, FL 33872 US

**New Mailing Address:**

FEI Number: 20-2702332

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JOHN, MCCLURE ESQ.  
211 SO. RIDGEWOOD DRIVE  
SEBRING, FL 33870 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MIKULECKY, EILEEN  
Address: 2612 LOST BALL DRIVE  
City-St-Zip: SEBRING, FL 33872 US

Title: MGRM  
Name: MIKULECKY, GARY A  
Address: 2612 LOST BALL DRIVE  
City-St-Zip: SEBRING, FL 33872 US

Title: MGRM  
Name: MIKULECKY, TERRANCE P  
Address: 1619 PINNACLE DR  
City-St-Zip: DUNDAS, MN 55019 US

Title: MGRM  
Name: MIKULECKY, JANE L  
Address: 4420 ELSON AVE  
City-St-Zip: SEBRING,, FL 33875

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: EILEEN MIKULECKY

OWNE

06/11/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date