

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 18, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L04000041020**

1. Entity Name  
**MICHICIA EXPORTS INTERNATIONAL LLC**



Principal Place of Business  
**11219 N.W. 43RD COURT  
CORAL SPRINGS, FL 33065-7201**

Mailing Address  
**11219 N.W. 43RD COURT  
CORAL SPRINGS, FL 33065-7201**



01092008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**55-0866830**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

**LASHLEY, MICHELLE F  
11219 N.W. 43RD COURT  
CORAL SPRINGS, FL 33065-7201**

**DO NOT WRITE  
IN THIS SPACE**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

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

U000000907413  
05/05/08-80037-011 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE **P**  
NAME **LASHLEY, MICHELLE F**  
STREET ADDRESS **11219 N.W. 43RD COURT**  
CITY-ST-ZIP **CORAL SPRINGS, FL 330657201**

TITLE **V**  
NAME **LASHLEY, MARCIA M**  
STREET ADDRESS **3700 N.W. 88TH AVE, #212**  
CITY-ST-ZIP **SUNRISE, FL 33351**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby 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: M. Lashley **MICHELLE F. LASHLEY**

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

4/7/08 **454-796-7862**

Date

Daytime Phone #