

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 20, 2005 8:00 am
Secretary of State

04-28-2005 90031 041 ****50.00

DOCUMENT # L04000061432					
1. Entity Name MICCO, L.L.C.					
Principal Place of Business 4000 HOLLYWOOD BLVD., #350N HOLLYWOOD, FL 33021			Mailing Address 4000 HOLLYWOOD BLVD., #350N HOLLYWOOD, FL 33021		
2. Principal Place of Business 900 W 49 St		3. Mailing Address 4000 Hollywood Blvd # 350N W 49 St			
Suite, Apt. #, etc. 508		Suite, Apt. #, etc. 508			
City & State Hialeah, FL		City & State Hialeah, FL		4. FEI Number 20-3004214	
Zip 33012		Country		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FEINBERG, JEFFREY ESQ FEINBERG & MAIDENBAUM 4000 HOLLYWOOD BOULEVARD, SUITE 350 HOLLYWOOD, FL 33021			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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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: <u>Amir Hayan</u>			4-26-05 305-845-1033		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

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