

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000087331

1. Entity Name

MICCO REALTY INVESTORS, LLC



Principal Place of Business

90 YEOMANS AVENUE
LABELLE FL 33935
US

Mailing Address

P.O. BOX 490
LABELLE FL 33975
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E083 (10/06)

4. FEI Number

20-1962587

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOY, JOHN B JR.
90 YEOMANS AVENUE
LABELLE FL 33440

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE: MGRM ☐ Delete
NAME: SMITH, THOMAS A
STREET ADDRESS: P.O. BOX 1003
CITY-STATE-ZIP: LABELLE FL 33975

TITLE: MGRM ☐ Delete
NAME: KINNEY, KENNETH E JR.
STREET ADDRESS: 891 RIVER ROAD
CITY-STATE-ZIP: LABELLE FL 33935

TITLE: MGRM ☐ Delete
NAME: BOY, JOHN B JR.
STREET ADDRESS: P.O. BOX 490
CITY-STATE-ZIP: LABELLE FL 33975

TITLE: MGRM ☐ Delete
NAME: MILLER, DAVID N
STREET ADDRESS: P.O. BOX 1149
CITY-STATE-ZIP: LABELLE FL 33975

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

10. ADDITIONS/CHANGES

TITLE: ☐ Change ☐ Addition

NAME:
STREET ADDRESS:
CITY-STATE-ZIP: U000000613703
02/05/07-80050-007 50.00

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition
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NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *David N. Miller* David N. Miller

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

1/21/07 863-675-3777

Date

Daytime Phone #