


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

02-16-2006 90141 004 ****50.00

DOCUMENT # L05000048998					
1. Entity Name MIKRO, LLC					
Principal Place of Business 614 ATLANTIC SHORES BLVD. HALLANDALE BEACH, FL 33009 US			Mailing Address 614 ATLANTIC SHORES BLVD. HALLANDALE BEACH, FL 33009 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 04-3847491	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent A1A REGISTERED AGENT INC. 92 SADBERRY ROAD QUINCY, FL 32351				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 reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEROSA, MARY 614 ATLANTIC SHORES BLVD. HALLANDALE BEACH, FL 33009	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEROSA, CATHI 614 ATLANTIC SHORES BLVD. HALLANDALE BEACH, FL 33009	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 606, Florida Statutes.					
SIGNATURE: <i>Cathi DeRosa</i>			Date: <i>2/1/06</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone #		

Attachment



30001800

FLORIDA DEPARTMENT OF STATE
Division of Corporations

Form 554

February 20, 2006

MIKRO, LLC
614 ATLANTIC SHORES BLVD.
HALLANDALE BEACH, FL 33009 US

Applied for 3/2/06 -
1904475

2/1/06 04-3847491

FEI
Conf #

Subject: MIKRO, LLC

Reference Number: L05000048998

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/rm

ANNUAL REPORTS SECTION