

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000062365**

1. Entity Name  
**LIBERTY LUCIEN WAY, LLC**



Principal Place of Business

**2200 LUCIEN WAY  
SUITE 410  
MAITLAND, FL 32751**

Mailing Address

**2200 LUCIEN WAY  
SUITE 410  
MAITLAND, FL 32751**



04302008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-4676880**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MIKKELSON, W. MICHAEL  
2200 LUCIEN WAY  
SUITE 410  
MAITLAND, FL 32751**

**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**

9. MANAGING MEMBERS/MANAGERS

TITLE	<b>MGRM</b>
NAME	<b>MIKKELSON, WM MICHAEL</b>
STREET ADDRESS	<b>2200 LUCIEN WAY, SUITE 410</b>
CITY-ST-ZIP	<b>MAITLAND, FL 32751</b>

TITLE	
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U00000938481  
05/27/08-80091-021 138.75

**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:** *Wm Michael Mickelson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-29-08 407-774-8818