

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90356 011 ****55.00

DOCUMENT # L05000070695					
1. Entity Name MIKA ENTERPRISE LLC					
Principal Place of Business 10513 HOLY SPIRIT COURT NEW PORT RICHEY, FL 34654			Mailing Address 10513 HOLY SPIRIT COURT NEW PORT RICHEY, FL 34654		
2. Principal Place of Business - No P.O. Box # 11419 CHALLENGER AVE Suite, Apt. #, etc.		3. Mailing Address 11419 CHALLENGER AVE Suite, Apt. #, etc.			
City & State ODESSA, FL		City & State ODESSA, FL		4. FEI Number 20-3278994	
Zip 33556		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KONOWAL, IRENE 10513 HOLY SPIRIT COURT NEW PORT RICHEY, FL 34654			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 11419 CHALLENGER AVE City ODESSA FL Zip Code 33556		
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 IRENE KONOWAL 4/17/07 <small>Signature, typed or printed name of registered agent and not applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KONOWAL, IRENE 10513 HOLY SPIRIT CT NEW PORT RICHEY, FL 34654	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RUIZ, MARCOS A 10513 HOLY SPIRIT CT NEW PORT RICHEY, FL 34654	<input type="checkbox"/> Delete			
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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:			4/17/07 727-510-9901		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		

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