

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000071780

Entity Name: MIKE BURCH LLC

**FILED**  
**Jan 09, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

501 DEER POND RD  
OSTEEN, FL 32764

**New Principal Place of Business:**

2013 LIVE OAK BLVD.  
SUITE A  
SAINT CLOUD, FL 34771

**Current Mailing Address:**

501 DEER POND RD  
OSTEEN, FL 32764

**New Mailing Address:**

2013 LIVE OAK BLVD.  
SUITE A  
SAINT CLOUD, FL 34771

FEI Number: 20-3179359

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BURCH, MIKE  
501 DEER POND RD  
OSTEEN, FL 32764 US

**Name and Address of New Registered Agent:**

BURCH, MIKE  
2013 LIVE OAK BLVD.  
SUITE A  
SAINT CLOUD, FL 34771 US

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.

SIGNATURE: MIKE BURCH

01/09/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BURCH, MIKE  
Address: 501 DEER POND RD  
City-St-Zip: LAKE HELEN, FL 32744

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: BURCH, MIKE  
Address: 2013 LIVE OAK BLVD. SUITE A  
City-St-Zip: SAINT CLOUD, FL 34771

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MIKE BURCH

MR

01/09/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date