


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 01, 2007 8:00 am
Secretary of State

08-01-2007 90015 030 ****55.00

DOCUMENT # L06000016664		
1. Entity Name MIMA KASA, LLC		

Principal Place of Business 30005 GRANDA HILLS COURT WESLEY CHAPEL, FL 33543	Mailing Address PO BOX 48601 TAMPA, FL 33647
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2. Principal Place of Business - No P.O. Box # 4915 EAST YUKON ST	3. Mailing Address P.O. Box 290396
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State TAMPA, FL	City & State TAMPA, FL
Zip 33617	Country USA
Zip 33687	Country USA

60054018



07292007 Chg-LLC CR2E083 (12/06)

4. FEI Number 56-2607836	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	
VARGAS, KINA 4915 EAST YUKON STREET TAMPA, FL 33617	

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 <i>Kina Vargas</i>	DATE 29 JULY 07

Filing Fee is \$50.00 Due by September 14, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VARGAS, KINA 4915 EAST YUKON STREET TAMPA, FL 33617 <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 WYCHE, STEVELAND PO BOX 48601 TAMPA, FL 33647 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WYCHE, STEVELAND PO BOX 290396 TAMPA, FL 33647 <input checked="" 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
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
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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

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: <i>Kina Vargas</i>	DATE 29 JULY 07 (813) 469 7551