

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000042439

1. Entity Name  
BICUSA VENTURES, LLC



Principal Place of Business  
520 PALM SPRINGS BLVD., UNIT #609  
INDIAN HARBOR BEACH, FL 32937

Mailing Address  
520 PALM SPRINGS BLVD., UNIT #609  
INDIAN HARBOR BEACH, FL 32937

**FILED**  
**Aug 06, 2008 08:00 AM**  
**Secretary of State**



07162008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
06-1775739

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

8. Name and Address of Current Registered Agent

KAISER, JOEL  
520 PALM SPRINGS BLVD., UNIT #609  
INDIAN HARBOR BEACH, FL 32937

**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 \$538.75**  
**Due by September 12, 2008**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
SANFILIPPO, MICHAEL  
520 PALM SPRINGS BLVD., UNIT #609  
INDIAN HARBOR BEACH, FL 32937

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
CUNDIFF, LYNN  
520 PALM SPRINGS BLVD., UNIT #609  
INDIAN HARBOR BEACH, FL 32937

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
BIONDI, WILLIAM  
520 PALM SPRINGS BLVD., UNIT #609  
INDIAN HARBOR BEACH, FL 32937

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
TEESLINK, REX  
520 PALM SPRINGS BLVD., UNIT #609  
INDIAN HARBOR BEACH, FL 32937

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000957170  
08/06/08-80002-008 538.75

**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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

DATE

Daytime Phone #

JOEL KAISER 07/30/08 321-773-5746