

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000079965

Entity Name: LAICO, LLC

FILED  
Mar 09, 2007  
Secretary of State

**Current Principal Place of Business:**

3942 SPARROW HAWK ROAD  
MELBOURNE, FL 32934

**New Principal Place of Business:**

**Current Mailing Address:**

3942 SPARROW HAWK ROAD  
MELBOURNE, FL 32934

**New Mailing Address:**

FEI Number: 20-5369674

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

COHEN, V. STEPHEN ESQ.  
WILLIAMS SCHIFINO MANGIONE & STEADY, P.A.  
ONE TAMPA CITY CENTER, SUITE 2600  
TAMPA, FL 33602 US

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

COHEN, V. STEPHEN ESQ.  
WILLIAMS SCHIFINO MANGIONE & STEADY, P.A.  
ONE TAMPA CITY CENTER, SUITE 3200  
TAMPA, FL 33602 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:

03/09/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: MEBERG, RANDI L DPM  
Address: 3942 SPARROW HAWK RD  
City-St-Zip: MELBOURNE, FL 32934

Title: MGRM ( ) Change (X) Addition  
Name: COHEN, DANIEL A DPM  
Address: 3942 SPARROW HAWK RD  
City-St-Zip: MELBOURNE, FL 32934

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: RANDI MEBERG

MGRM

03/09/2007

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