

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

08 MAR 27 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000094937

1. Entity Name
MIKINBIN, LLC



Principal Place of Business
18503 PINES BLVD.
213
PEMBROKE PINES, FL 33029

Mailing Address
15841 PINES BLVD.
103
PEMBROKE PINES, FL 33027



01142008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5617470

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PEREZ, HUGO G
480 NW 161ST. AVE
PEMBROKE PINES, FL 33028

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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 \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MIGUEL, MAX S
STREET ADDRESS	18620 SW 39TH COURT
CITY-ST-ZIP	MIRAMAR, FL 33029
TITLE	MGRM
NAME	PEREZ, HUGO
STREET ADDRESS	18620 SW 39TH COURT
CITY-ST-ZIP	MIRAMAR, FL 33029
TITLE	MGRM
NAME	DATA CORP, INC.
STREET ADDRESS	15841 PINES BLVD SUITE 103
CITY-ST-ZIP	PEMBROKE PINES, FL 33027
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**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 or 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

3/13/08 (305) 594-6933
Date Daytime Phone #

KS