

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000023966

FILED  
Jul 05, 2008  
Secretary of State

Entity Name: MIC&DEVO LLC

**Current Principal Place of Business:**

2104 BELLE VIEW BLVD  
ALEXANDRIA, VA 22307 US

**New Principal Place of Business:**

**Current Mailing Address:**

2104 BELLE VIEW BLVD  
ALEXANDRIA, VA 22307 US

**New Mailing Address:**

FEI Number: 20-8599260      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

LAVENDER, KYLE  
873 WEST BAY DRIVE  
SUITE 105  
LARGO, FL 33770 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: HOLLAND, JOSEPH  
Address: 2104 BELLE VIEW BLVD  
City-St-Zip: ALEXANDRIA, VA 22307 US

Title: MGRM ( ) Delete  
Name: GILLEN, MICHELLE  
Address: 2104 BELLE VIEW BLVD  
City-St-Zip: ALEXANDRIA, FL 22307 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MICHELLE GILLEN

MGRM

07/05/2008

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