


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 18, 2008 8:00 am
Secretary of State

08-18-2008 90050 020 ***138.75

DOCUMENT # L07000031560	
1. Entity Name MICFEES, LLC	

Principal Place of Business 1265 BAYSHORE BOULEVARD DUNEDIN, FL 34698	Mailing Address 1265 BAYSHORE BOULEVARD DUNEDIN, FL 34698
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2. Principal Place of Business - No P.O. Box # <i>1269 BAYSHORE BLVD</i>	3. Mailing Address <i>1269 BAYSHORE BLVD</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>DUNEDIN FL</i>	City & State <i>DUNEDIN FL</i>
Zip <i>34698</i>	Country <i>FLORIDA</i>
Zip <i>34698</i>	Country <i>FLORIDA</i>

6. Name and Address of Current Registered Agent GULECAS, JAMES F ESQ. 1968 BAYSHORE BOULEVARD DUNEDIN, FL 34698		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	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	MGR FEENEY, DAVID 930 LYNDHURST DUNEDIN, FL 34698	<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: *David Feeny MGR* Date: *7-25-08* Daytime Phone #: *727-734-2000*

