

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000049606

FILED
Mar 31, 2008
Secretary of State

Entity Name: MIKKO CUSTOM RENOVATIONS, LLC

Current Principal Place of Business:

7393 TRESCOTT DRIVE
LAKE WORTH, FL 33467

New Principal Place of Business:

Current Mailing Address:

7393 TRESCOTT DRIVE
LAKE WORTH, FL 33467

New Mailing Address:

FEI Number: 33-1165717

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIDSMEIER, TIMOTHY R
7393 TRESCOTT DRIVE
LAKE WORTH, FL 33467 US

Name and Address of New Registered Agent:

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: DAVIDSMEIER, TIMOTHY R
Address: 7393 TRESCOTT DRIVE
City-St-Zip: LAKE WORTH, FL 33467 US

Title: MGRM () Delete
Name: ANDREWS, ROBERT D
Address: 8348 LITTLE BETH DRIVE
City-St-Zip: BOYNTON BEACH, FL 33437 US

Title: MGRM () Delete
Name: TOUKOLEHTO, TIMO OLAUZ
Address: 7960 LAKEWOOD COVE CT.
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES:

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

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

Title: MGRM (X) Change () Addition
Name: TOUKOLEHTO, TIMO OLAVI
Address: 7960 LAKEWOOD COVE CT.
City-St-Zip: LAKE WORTH, FL 33467

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: ROBERT ANDREWS

MGMR

03/31/2008

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