

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000024888

Entity Name: MIPA 443, LLC

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

8715 LAMOND POINT  
CHARLOTTE, NC 28278

**New Principal Place of Business:**

**Current Mailing Address:**

8715 LAMOND POINT  
CHARLOTTE, NC 28278

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

VILLAVECES, JUAN C  
1845 GOLDENROD STREET  
SARASOTA, FL 34239 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  
Name: VILLAVECES, JUAN  
Address: 8715 LAMOND POINT  
City-St-Zip: CHARLOTTE, NC 28278

Title: MGRM  
Name: VILLAVECES, CARMEN L  
Address: 8715 LAMOND POINT  
City-St-Zip: CHARLOTTE, NC 28278

I hereby 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: JUAN VILLAVECES

MGRM

04/30/2011

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