

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000035965

Entity Name: MIKS FAMILY, LLC

FILED
Jun 22, 2009
Secretary of State

Current Principal Place of Business:

10401 SKIS ROAD
NORTH FORT MYERS, FL 33917 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1911
FORT MYERS, FL 33902 US

New Mailing Address:

FEI Number: 26-2362510 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:

MITCHELL, RAY C JR
10401 SKIS ROAD
NORTH FORT MYERS, FL 33917 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: MITCHELL, RAY C JR
Address: 10401 SKIS ROAD
City-St-Zip: NORTH FORT MYERS, FL 33917 US

Title: MGR () Delete
Name: MITCHELL, MALCOLM R
Address: 3927 STONEFIELD DR
City-St-Zip: ORLANDO, FL 32826 US

Title: MGR () Delete
Name: MITCHELL, KRYSTAL K
Address: 3927 STONEFIELD DR
City-St-Zip: ORLANDO, FL 32826 US

ADDITIONS/CHANGES:

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

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: RAY C MITCHELL JR

PTNR

06/22/2009

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