

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000092022

**FILED**  
**Feb 08, 2012**  
**Secretary of State**

**Entity Name:** POLICARD ENTERPRISE, LLC

**Current Principal Place of Business:**

157 SE 10TH AVE  
HIALEAH, FL 33010 US

**New Principal Place of Business:**

3634 ALCANTARA AVE  
DORAL, FL 33178 US

**Current Mailing Address:**

157 SE 10TH AVE  
HIALEAH, FL 33010 US

**New Mailing Address:**

3634 ALCANTARA AVE  
DORAL, FL 33178 US

**FEI Number:** 26-3453199

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DOMINIQUE, POLICARD A MGRM  
3634 ALCANTARA AVE  
DORAL, FL 33178 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: POLICARD, DOMINIQUE  
Address: 3634 ALCANTARA AVE  
City-St-Zip: DORAL, FL 33178 US

Title: MGRM  
Name: POLICARD, REGINALD  
Address: 3634 ALCANTARA AVE  
City-St-Zip: DORAL, FL 33178 US

Title: MGR  
Name: POLICARD, JEFF  
Address: 3634 ALCANTARA AVE  
City-St-Zip: DORAL, FL 33178 US

Title: MGR  
Name: POLICARD, GAETAN  
Address: 3634 ALCANTARA AVE  
City-St-Zip: DORAL, FL 33178 US

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: DOMINIQUE POLICARD

MGRM

02/08/2012

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