# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Mar 11, 2009**
**Secretary of State**

DOCUMENT# L08000096543

**Entity Name:** MICKEY'S ENTERPRISES, LLC

**Current Principal Place of Business:**

4000 PONCE DE LEON BLVD
SUITE 470
CORAL GABLES, FL 33146

**New Principal Place of Business:**

11370 SW 184TH STREET
MIAMI, FL 33157

**Current Mailing Address:**

C/O L.C. AGRON, 4000 PONCE DE LEON BLVD
SUITE 470
CORAL GABLES, FL 33146

**New Mailing Address:**

11370 SW 184TH STREET
MIAMI, FL 33157

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

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

AGRON, LILIANA C
4000 PONCE DE LEON BLVD.
SUITE 470
CORAL GABLES, FL 33146 US

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

MARINELLO, HENRY E ESQUIRE
9150 SOUTH DADELAND BLVD
SUITE 1400
MIAMI, FL 33156 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: HENRY E. MARINELLO, ESQUIRE 03/11/2009
Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition
Name: VARGAS, MARIANA
Address: 11370 SW 184TH STREET
City-St-Zip: MIAMI, FL 33157

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: MARIANA VARGAS MGR 03/11/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date