## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L9600000529

1. Entity Name MIKIE'S WORLD, L.C.



FILED Apr 07, 2008 08:00 A Secretary of State

Principal Place of Business

%ANTHONY M PISANI 3199A LAKE WORTH RD LAKE WORTH, FL 33461 Mailing Address

%ANTHONY M PISANI 3199A LAKE WORTH RD LAKE WORTH, FL 33461



DO NOT WRITE IN THIS SPACE

04022008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 65-0667646

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

PISANI, ANTHONY M 3199A LAKE WORTH RD LAKE WORTH, FL 33461

## DO NOT WRITE IN THIS SPACE

			11110 01710E	
8. 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. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE	
FILE NOWIII FEE IS \$138.75  After May 1, 2008 Fee will be \$538.75  U00000885746 04/18/08-80026-020 13875				
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PISANI, ANTHONY M 3199A LAKE WORTH RD LAKE WORTH, FL 33461			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN '	IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 encowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

TITLE
NAME
STREET ADDRESS

JRE: LULLY SULL STATES NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

04-02-08

561-433-1556

Daytime Pho