| | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | <u> </u> | _ | | | | |
|---|--|---|---------------------|---|----------------------|---|---------------------|------------|--|
| DOCUI | | 00009212 | | | | | | | |
| MICCO PROPERTIES, LLC | | | | | | FILED | | | |
| | | | | | | 01 JUN -4 PH 12 | : 05 | | |
| 8730 U.S. HWY 1 790 | | Mailing Address 7900 FOX CREEK TR. FRANKTOWN CO 80116 | | | | SECRETARY OF STA | CTE KADA | | |
| | | | | | | | | | |
| 2. Principal Place of Business 3. Mailing Address | | | | | | 40011011 013 10110 10113 60111 00114 00111 00 | # 0 | | |
| Suite, Apt. #, etc. S | | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | DO NOT WRITE IN THIS SPACE | | | |
| | | City & State | City & State | | 4. FEIN | 4. FEI Number 84-1525863 Applied For Not Applicable | | | |
| 329 | Zig Country Zig | | Country | | | 5. Certificate of Status Desired Specificate of Status Desired Fee Required | | | |
| | 6. Name and Address of Currer | nt Registered Agent | | NI4 | 7. Name | e and Address of New Registere | ad Agent | | |
| MARTIN, THOMAS G | | | | Name Thomas GT. Martino (correct Street Address (P.O. Box Number is Not Acceptable) | | | tion) | | |
| | rman street | | | | | | | | |
| HOLLYWOOD FL 33020-2059 | | | | | | | | | |
| | | | | City | | · F | Zip Code | 9 | |
| 8. The above | named entity submits this statement | for the purpose of changing its | registere | ed office or regi | stered agent, | or both, in the State of Florida. | | | |
| | | | | | | | | | |
| SIGNATURE . | Signature, typed or printed name of registered age | ant and title if applicable. (NO | E: Registere | d Agent signature req | uired when reinstati | ng) DAT | E | | |
| | | FILE N | (OW!!! | FEE IS \$50.0 | 00 | | | | |
| | | Make Check P | 6 | | | | | ł | |
| 9. | MANAGING MEM | BERS/MEMBERS | 10. | | | ADDITIONS/CHANG | ES | | |
| TITLE | MGRM | ☐ Delete | TITL | <u> </u> | | | Change | Addition | |
| NAME | MARTINO, THOMAS G | | NAM | l l | | | | | |
| STREET ADDRESS | 7900 FOX CREEK TRAIL FRANKTOWN CO 80116 | | | ET ADDRESS -ST-ZIP | | , | | | |
| CITY-ST-ZIP TITLE | MGRM | ☐ Delete | TITL | | | | ☐ Change | ☐ Addition | |
| NAME | WAHLEN, CHARLES H | Delois | NAM | l | | 40000044 3 -06/14/01 | 2Q624 | 7 | |
| STREET ADDRESS | 4053 S. OLATHE CT. | | | ET ADDRESS | | -U5/14/U1 *****50. | UU | *50.00 | |
| CITY-ST-ZIP | AURORA CO 80013 | 101 00 00010 | | -ST-ZIP | | ********** | ☐ Change | Addition | |
| TITLE NAME | MGRM CRL, INC. | 101 | | E ! | • | | □ cumige | | |
| STREET ADDRESS | 6300 S. SYRACUSE WAY, SUI | TE 300 | | ET ADDRESS | | | | | |
| CITY-ST-ZIP | ENGLEWOOD CO 80111 | | CITY | -ST-ZIP | | | | | |
| TITLE | | ☐ Delete | TITL | | | | ☐ Change | ☐ Addition | |
| NAME STREET ADDRESS | | | NAM STRE | ET ADDRESS | | | | | |
| CITY-ST-ZIP | | | CITY | -ST-ZIP | | | | | |
| TITLE | | ☐ Delete | TITL | | | | Change | ☐ Addition | |
| NAME | | | NAM | | | | | 1 | |
| STREET ADDRESS CITY-ST-ZIP | | | | ET ADDRESS -ST-ZIP | | | • | | |
| TITLE | | □ Delete | TITL | E | | | ☐ Change | ☐ Addition | |
| NAME . | | | NAM | | | | | | |
| STREET ADDRESS | | | | et address . '-st-zip | | | | | |
| CITY-ST-ZIP | certify that the information supplied w | with this filing does not qualify f | _ | | n Section 119 | .07(3)(i), Florida Statutes. I further | certify that the ir | nformation | |
| a a a a contraction of | coluly that the internation supplied w | ria i ano ming aveo not quality i | unc | | | - 4.44. | | | |

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 empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Themas 19 Martino 5 30 01 303-4