

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 16, 2004 08:00 AM
Secretary of State

DOCUMENT # M02000003079

1. Entity Name
MICAH GROUP, LLC



Principal Place of Business
274 SOUTHLAND DRIVE, SUITE 201
LEXINGTON, KY 40503

Mailing Address
274 SOUTHLAND DRIVE, SUITE 201
LEXINGTON, KY 40503



07022004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
52-2166182

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

REGISTERED AGENTS LEGAL SERVICES, INC.
1333 NORTH DUVAL STREET
TALLAHASSEE, FL 32302

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
JAMISON, AARON
274 SOUTHLAND DRIVE, SUITE 201
LEXINGTON, KY 40503

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
GARLAND, ROBERT
274 SOUTHLAND DRIVE, SUITE 201
LEXINGTON, KY 40503

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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CITY - ST - ZIP

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07/16/04-800009-006 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 empowered to execute this report as required by Chapter 808, Florida Statutes.

SIGNATURE: *APL*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #