

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 07, 2008 08:00 AM
Secretary of State

DOCUMENT # M07000005144

1. Entity Name
MURCIELAGO CAPITAL MANAGEMENT, LLC



Principal Place of Business
**3400 WEST RIGGIN ROAD #17
MUNCIE, IN 47304-6169**

Mailing Address
**3400 WEST RIGGIN ROAD #17
MUNCIE, IN 47304-6169**

DO NOT WRITE IN THIS SPACE



01042008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
26-0649405

Applied For
Not Applicable

5. Certificate of Status Desired ☐


\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JOHNSTON, TODD A
2496 EAGLE RUN DRIVE
WESTON, FL 33327**

**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)

1/4/08

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

U000000775425
01/08/08-80029-018 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR JOHNSTON, TODD A 2496 EAGLE RUN DRIVE WESTON, FL 33327
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IN THIS SPACE**

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

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

1/4/08 (954) 558-7750

Date

Daytime Phone #