

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000102721

**Entity Name:** LI-MI FAMILY CORPORATION

**Current Principal Place of Business:**

202 DEL PRADO BLVD. S.  
CAPE CORAL, FL 33990

**Current Mailing Address:**

202 DEL PRADO BLVD. S.  
CAPE CORAL, FL 33990

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

LUSK, LISA M  
202 DEL PRADO BLVD. S.  
CAPE CORAL, FL 33990 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PD	Title	D
Name	DRASITES, LISA L	Name	LUSK, MICHAEL D
Address	202 DEL PRADO BLVD. S.	Address	202 DEL PRADO BLVD. S.
City-State-Zip:	CAPE CORAL FL 33990	City-State-Zip:	CAPE CORAL FL 33990

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LISA L DRASITES

DIR

04/10/2015

Electronic Signature of Signing Officer/Director Detail

Date