

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000040812

**Entity Name:** EILEEN MIKULECKY, LLC

**Current Principal Place of Business:**

2612 LOST BALL DR  
SEBRING, FL 33872

**Current Mailing Address:**

2612 LOST BALL DR  
SEBRING, FL 33872 US

**FEI Number:** 20-2702332

**Certificate of Status Desired:** No

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

JOHN, MCCLURE ESQ.  
211 SO. RIDGEWOOD DRIVE  
SEBRING, FL 33870 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

**Authorized Person(s) Detail :**

Title	MGRM	Title	MGRM
Name	MIKULECKY, EILEEN	Name	MIKULECKY, GARY A
Address	2612 LOST BALL DRIVE	Address	2612 LOST BALL DRIVE
City-State-Zip:	SEBRING FL 33872	City-State-Zip:	SEBRING FL 33872
Title	MGRM	Title	MGRM
Name	MIKULECKY, TERRANCE P	Name	MIKULECKY, JANE L
Address	1619 PINNACLE DR	Address	4420 ELSON AVE
City-State-Zip:	DUNDAS MN 55019	City-State-Zip:	SEBRING, FL 33875

*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 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** EILEEN MIKULECKY

**MANAGER**

**01/24/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date