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

T

Electronic Signature of Signing Authorized Person(s) Detail

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000007191

Entity Name: MICOR CONSULTANTS, LLC.

Current Principal Place of Business:

11349 LONGSHORE WAY E NAPLES, FL 34119

Current Mailing Address:

11349 LONGSHORE WAY E NAPLES, FL 34119 US

FEI Number: 47-2901951

Name and Address of Current Registered Agent:

CASSADAY, CORINNE 11349 LONGSHORE WAY E NAPLES, FL 34119 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:	CORINNE CASSADAY			02/26/2023	
	Electronic Signature of Registered Agent			Date	
Authorized Person(s) Detail :					
Title	MGR	Title	AMBR		
Name	CASSADAY, CORINNE	Name	CASSADAY, CORINNE		
Address	11349 LONGSHORE WAY E	Address	11349 LONGSHORE WAY E		
City-State-Zip:	NAPLES FL 34119	City-State-Zip:	NAPLES FL 34119		

SIGNATURE: CORINNE T CASSADAY MANAGER

02/26/2023 Date

FILED Feb 26, 2023 Secretary of State 5830348684CC

Certificate of Status Desired: Yes