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

I 08 or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and oath; that I am a managing member or manager of the limited liability company or that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CORINNE CASSADAY

Electronic Signature of Signing Authorized Person(s) Detail

## 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			06/09/2020	
	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		

# Entity Name: MICOR CONSULTANTS, LLC.

### **Current Principal Place of Business:**

11349 LONGSHORE WAY E NAPLES, FL 34119

### **Current Mailing Address:**

DOCUMENT# L15000007191

11349 LONGSHORE WAY E NAPLES, FL 34119 US

### FEI Number: 47-2901951

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Jun 09, 2020 Secretary of State 1729038180CC

FILED

Certificate of Status Desired: Yes

06/09/2020 Date

AMBR