#### 2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000014156

Entity Name: MICD L.L.C.

**FILED** Apr 06, 2020 **Secretary of State** 9192252824CC

# **Current Principal Place of Business:**

180 PARK FOREST BLVD ENGLEWOOD, FL 34223

# **Current Mailing Address:**

180 PARK FOREST BLVD ENGLEWOOD. FL 34223 US

**FEI Number: APPLIED FOR** Certificate of Status Desired: No

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

CSAKY, ILONA 180 PARK FOREST BLVD ENGLEWOOD, FL 34223 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.

Title

**AMBR** 

SIGNATURE:

Electronic Signature of Registered Agent

Date

# Authorized Person(s) Detail:

Title MGR

> CSAKY, ILONA Name CSAKY, MIHALY

Name Address Address 180 PARK FOREST BLVD

180 PARK FOREST BLVD City-State-Zip: ENGLEWOOD FL 34223 ENGLEWOOD FL 34223 City-State-Zip:

Title **AMBR** Title **AMBR** 

CSAKY, DENISE Name CSAKY, MATHESY Name

Address 3663 SOLAND AVE #103 Address 2371 CARINGA WAY #D

NAPA CA 94558 City-State-Zip: City-State-Zip: CARLSBAD CA 92009

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.

SIGNATURE: CSAKY, ILONA **MGR**