

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000014156

**Entity Name:** MICD L.L.C.

**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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name CSAKY, ILONA  
Address 180 PARK FOREST BLVD  
City-State-Zip: ENGLEWOOD FL 34223

Title AMBR  
Name CSAKY, MIHALY  
Address 180 PARK FOREST BLVD  
City-State-Zip: ENGLEWOOD FL 34223

Title AMBR  
Name CSAKY, DENISE  
Address 2371 CARINGA WAY #D  
City-State-Zip: CARLSBAD CA 92009

Title AMBR  
Name CSAKY, MATHESY  
Address 3663 SOLAND AVE #103  
City-State-Zip: NAPA CA 94558

*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

02/12/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date