

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000016597

**Entity Name:** HAVENS & MILLER, P.L.L.C.

**FILED**  
**Feb 15, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

4481 LEGENDARY DRIVE  
SUITE 204  
DESTIN, FL 32541

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 5496  
DESTIN, FL 325405496 US

**New Mailing Address:**

**FEI Number:** 58-2668666

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JASON E. HAVENS, LL.M., P.L.L.C.  
4481 LEGENDARY DRIVE  
SUITE 204  
DESTIN, FL 32541 US

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

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

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** JASON E. HAVENS, LL.M., P.L.L.C.  
**Address:** 4481 LEGENDARY DRIVE, SUITE 204  
**City-St-Zip:** DESTIN, FL 32541

I hereby certify that the information indicated on this 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.

**SIGNATURE:** JASON E. HAVENS, LL.M., P.L.L.C.

MGRM

02/15/2011

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Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date