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Secretary of State

04-11-2007 90160 007 ****55.00

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2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000090532

1. Entity Name
MILLER & CARUSO LLC

30005755

04062007 Chg-LLC CR2E083 (12/06)

Principal Place of Business	Mailing Address
5858 OTTMAN RD. P.O. BOX 735 ONEIDA, NY 13476 US	5858 OTTMAN RD. P.O. BOX 735 ONEIDA, NY 13476 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
486 N-HARBOR CITY BLVD	486 N. HARBOR CITY BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MELBOURNE FL	City & State: MELBOURNE FL
Zip: 32935 Country:	Zip: 32935 Country:

4. FEI Number 87-0781456 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CARUSO, STEVEN
2087 SARNO RD.
MELBOURNE, FL 33293-5

7. Name and Address of New Registered Agent

Name: CARUSO STEVEN
Street Address (P.O. Box Number is Not Acceptable): 486 N. HARBOR CITY BLVD
City: MELBOURNE FL Zip Code: 32935

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 4-6-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00 Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARUSO, STEVEN 2087 SARNO RD. MELBOURNE, FL 32935	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: [signature] 4-6-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #