

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000091207

**FILED**  
**Mar 30, 2010**  
**Secretary of State**

**Entity Name:** LISA MILLER & ASSOCIATES, LLC

**Current Principal Place of Business:**

400 CAPITAL CIRCLE, SE  
SUITE 18268  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

1024 E. PARK AVE  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

400 CAPITAL CIRCLE, SE  
SUITE 18268  
TALLAHASSEE, FL 32301

**New Mailing Address:**

**FEI Number:** 26-3444722      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

PIERCE, ROBERT A  
227 SOUTH CALHOUN STREET  
TALLAHASSEE, FL 32301      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:** CEO  
**Name:** MILLER, LISA  
**Address:** 1024 E. PARK AVE  
**City-St-Zip:** TALLAHASSEE, FL 32301

**Title:** COO  
**Name:** KELLY, MEGHAN  
**Address:** 1024 E. PARK AVE  
**City-St-Zip:** TALLAHASSEE, FL 32301

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: MEGHAN KELLY

COO

03/30/2010

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