

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000100915

**Entity Name:** CHRISMILLERLLC

**Current Principal Place of Business:**

693 W. ORANGE AVE.  
DEFUNIAK SPRINGS, FL 32435

**Current Mailing Address:**

693 W. ORANGE AVE.  
DEFUNIAK SPRINGS, FL 32435

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

MILLER, CHRIS L  
693 W. ORANGE AVE.  
DEFUNIAK SPRINGS, FL 32435 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 MILLER, CHRIS L  
Address 693 W. ORANGE AVE.  
City-State-Zip: DEFUNIAK SPRINGS FL 32435

*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:** CHRIS L. MILLER

MR

04/28/2017

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date