

**2018 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

Title AUTHORIZED MEMBER  
Name MILLER, JACOB LAVONE  
Address 693 W. ORANGE AVE.  
City-State-Zip: DEFUNIAK SPRINGS FL 32435

Title AUTHORIZED MEMBER  
Name PELFREY, LETISHA RENEE  
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:** CHRISTOPHER MILLER

04/29/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date