

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 08:00 A**  
**Secretary of State**

**DOCUMENT # L00000008754**

1. Entity Name  
**BEN MILLER AND ASSOCIATES, LLC.**



Principal Place of Business  
**586 N.W. 87TH LANE  
CORAL SPRINGS, FL 33071**

Mailing Address  
**586 N.W. 87TH LANE  
CORAL SPRINGS, FL 33071**

**DO NOT WRITE IN THIS SPACE**



04222005No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
**65-1037681**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**MILLER, LAUREY  
586 NW 87TH LN  
CORAL SPRINGS, FL 33071**

**DO NOT WRITE  
IN THIS SPACE**

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, 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, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	MILLER, BEN
STREET ADDRESS	4661 NW 89 AVENUE
CITY - ST - ZIP	SUNRISE, FL 33351
TITLE	MGRM
NAME	MILLER, LAUREY
STREET ADDRESS	586 NW 87TH LN
CITY - ST - ZIP	CORAL SPRINGS, FL 33071

TITLE	
NAME	
STREET ADDRESS	
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04/25/05-80147-022 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*Laurey Miller* 4-21-05

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340-  
0860