

2001 UNIFORM BUSINESS REPORT (UBR)

0022667 AF

DOCUMENT # L00000010296

1. Entity Name
CORY MILLER, LLC

FILED

01 MAY -1 PM 5:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

261 S. TAMiami TRAIL
NOKOMIS FL 34275

Mailing Address

261 S. TAMiami TRAIL
NOKOMIS FL 34275



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1531 S. Tamiami Trl

3. Mailing Address

1531 S. Tamiami Trl

Suite, Apt. #, etc.

#703

Suite, Apt. #, etc.

#703

City & State

Venice, FL

City & State

Venice, FL

4. FEI Number

65-10389133

Applied For

Not Applicable

Zip

Country

34292

USA

Zip

Country

34292

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KHLEIF, ROD

261 S. TAMiami TRAIL
NOKOMIS FL 34275

7. Name and Address of New Registered Agent

Name

Rod Khleif

Street Address (P.O. Box Number is Not Acceptable)

1531 S. Tamiami Trl #703

City

Venice

FL

Zip Code

34292

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOT: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

700004287767--3
-05/22/01--01093--018
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	managen
STREET ADDRESS	Rod Khleif
CITY-ST-ZIP	1531 S. Tamiami Trl #703 Venice, FL 34292
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 REQUIRED

4-27-01

941-4974000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)