2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

DOCUMENT # L0000014047

1. Entity Name

MIRA, LLC



FILED Feb 13, 2003 8:00 am Secretary of State 02-13-2003 90026 001 ****50.00

Principal Plac	e of Business	Mailing Address								
9625 ALONZO ROAD RIVERVIEW FL 33569		9625 ALONZO ROAD RIVERVIEW FL 33569								
		. ,			1186	NICON OR CONTRACTOR IN CONT]] 	DIE 11 11 11 11 11	1811 1881 1881	
2. Principal P	lace of Business	3. Mailing Address								
9625 Wes Kearney Way		9625 Wes Kearney Way			1100	[10] 011 00 11 00 11 00	AP WWW. AT THE	MINIT RUTH #5		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Carii	еу нау	-	CHECK HERE IF MAKING CHANGES				
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City & State		City & State	City & State			4. FEI Number 59-3685904 Applied				٦
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Zip Country		Zip Cou		itry			_ \$	5.00 Add		1
		,		-	5. Certific	5. Certificate of Status Desired			ed .	1
	6. Name and Address of Current	Registered Agent	legistered Agent			7. Name and Address of New Registered Agent				
			:	Name	ج ج.	المحاصية والماسا		_ •.		7-
	RIS, TRACY J JR.				(0.0.0)					4
	S ALONZO ROAD				(P.O. Box Number is Not Acceptable)					
RIVE	RVIEW FL 33569			9625	wes nea	rney way .				┪.
	•			City			FL	Zip Cod	le	
				1 55				<u> </u>		4
	named entity submits this statement for ions of registered agent.	or the purpose of changing its	s registere	ed office or regis	tered agent, or	both, in the State of Florid	a. I am far	niliar with,	and accept	1
the obligati	ons or registered agent.	•								Ì
SIGNATURE .				7			5.TF			
	Signature, typed or printed name of registered agent	and title if applicable. (NO	IE: Registere	d Agent signature requi	iired when reinstating)	1	DATE			┨
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		Make Check Payab	le to Flo	orida Departm	nent of State					
		Du	e By Ma	y 1, 2003						
9.	MANAGING MEMBI	ERS/MANAGERS	10.			ADDITIONS/CH	IANGES			1
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TITLE NAME	HARRIS, TRACY J JR	☐ Delete	NAM				L	change	LLI Addition	8
STREET ADDRESS	701 INDIANA AVENUE		•	ET ADDRESS						7
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	PALM HARBOR FL 34683		_			P	· ·			إ
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NAME	BING, KEARNEY		NAM							1
STREET ADDRESS	911 SEDDON COVE WAY			ET ADDRESS						
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indicated	ertify that the information supplied with on this report is true and accurate and pility company or the receiver or truste	l that my signature shall have	the same	e legal effect as i	f made under o	ath; that I am a managing				