

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 10, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000014831



1. Entity Name
TECHNOMILLENIUM, LLC

Principal Place of Business
**2915 BISCAYNE BLVD., STE 303
MIAMI FL 33137**

Mailing Address
**2915 BISCAYNE BLVD., STE 303
MIAMI FL 33137**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E083 (4/06)

4. FEI Number **91-1997007**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DUBARRY, FRANCK
2515 BISCAYNE BLVD
SUITE 303
MIAMI FL 33137**

Name

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

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By September 6, 2006**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

**P
DUBARRY, FRANCK
2915 BISCAYNE BLVD
MIAMI FL 33137**

TITLE
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CITY - ST - ZIP
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**U000000574017
08/10/06-800003-006 50.00**

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

07-31-06