

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90082 015 *****50.00

DOCUMENT # L00000016160

1. Entity Name

MILLON FAMILY, L.L.C.

Principal Place of Business

**1251 RED BIRD AVENUE
 MIAMI SPRINGS FL 33166**

Mailing Address

**1251 RED BIRD AVENUE
 MIAMI SPRINGS FL 33166**

909536

2. Principal Place of Business

12951 S. Calusa Club Dr.

3. Mailing Address

12951 S. Calusa Club Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL 33186

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip **33186**

Country

USA

Zip **33186**

Country

WA

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**SERRANO, JUAN
 1215 S.W. 69TH AVE.
 PLANTATION FL 33317**

7. Name and Address of New Registered Agent

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.

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 Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
 NAME **MILLON, ESPERANZA**
 STREET ADDRESS **1251 RED BIRD AVE.**
 CITY-ST-ZIP **MIAMI SPRINGS FL 33166**

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition
 NAME **Bonner, Esperanza Millon**
 STREET ADDRESS **12951 S. Calusa Club Dr.**
 CITY-ST-ZIP **Miami FL 33186**

TITLE ☐ Change ☐ Addition
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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:

Eden Miller

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

01-13-02

Date

Daytime Phone #

CR2ED83 (9/01)