

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000016225

1. Entity Name

MILWEE ASSOCIATES LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 MAR -2 PM 2:52

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

6278 N. FEDERAL HWY

Suite, Apt. #, etc.

# 566

P.O. BOX 248

City & State

FT. LAUDERDALE, FL

City & State

MARY ESTHER, FL

Zip

33308

Country

Zip

32569

Country

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRIAN HERRING  
3208 SE 7th ST, APT 204  
POMPANO BEACH, FL 33062

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MANAGING MEMBER  
JOHN J. HERRING  
P.O. BOX 248  
MARY ESTHER, FL 32569

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MEMBER  
BRIAN A. HERRING  
3208 SE 7th ST, APT 204  
POMPANO BEACH, FL 33062

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
600003819746--7  
-03/09/01--01006--025  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MEMBER  
GEOFFREY A. HERRING  
408 MT. TABOR ROAD  
BLACKSBURG, VA 24060

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MEMBER  
IAN P. HERRING  
204 CRAIG DRIVE  
BLACKSBURG, VA 24060

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)