


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 06, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L01000000076</b>	
1. Entity Name <b>MILLCARE, LLC</b>	

Principal Place of Business <b>6625 55TH STREET ST PETE, FL 33781</b>	Mailing Address <b>P.O. BOX 20043 SAINT PETERSBURG, FL 33742-0043</b>
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**DO NOT WRITE IN THIS SPACE**



03292007No Chg-LLC      CR2E083 (11/05)

4. FEI Number <b>59-3694632</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**MOORE, C.A.  
400 NORTH TAMPA STREET, SUITE 2300  
TAMPA, FL 33602**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$60.00  
Due by May 1, 2007**

U00000694440  
04/17/07-80017-025 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KEECH, RANDY 1002 ROYAL PASS RD. TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KEECH, ROY 3839 LAKESHORE DR. HOLLAND, MI 49424
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PICHARDO, RAINIER 6237-GREENLEAF CIRCLE TAMPA, FL 33615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:** *Randy Keech*      3/29/07      616-397-5953

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #