

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L01000000076

1. Entity Name
MILLCARE, LLC



Principal Place of Business

**6625 55TH STREET
ST PETE, FL 33781**

Mailing Address

**P.O. BOX 20043
SAINT PETERSBURG, FL 33742-0043**



03292007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3694632

Applied For
Not Applicable

5. Certificate of Status Desired



**\$5.00 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**U00000694440
04/17/07-80017-025 50.00**

9. MANAGING MEMBERS/MANAGERS

| | |
|-----------------------|------------------------------|
| TITLE | MGR |
| NAME | KEECH, RANDY |
| STREET ADDRESS | 1002 ROYAL PASS RD. |
| CITY-ST-ZIP | TAMPA, FL 33602 |
| TITLE | MGR |
| NAME | KEECH, ROY |
| STREET ADDRESS | 3839 LAKESHORE DR. |
| CITY-ST-ZIP | HOLLAND, MI 49424 |
| TITLE | MGR |
| NAME | PICHARDO, RAINIER |
| STREET ADDRESS | 8237 GREENLEAF CIRCLE |
| CITY-ST-ZIP | TAMPA, FL 33615 |

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| 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:

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

3/29/07

Date

616-399-5953

Daytime Phone #